













THE  
CALCUTTA JOURNAL  
OF  
MEDICINE:

A MONTHLY RECORD OF THE MEDICAL AND AUXILIARY SCIENCES.

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That alone is the right medicine which can remove disease :

He alone is the true physician who can restore health.

*Charaka Samhitā.*

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EDITED BY  
MAHENDRA LA'L SIRCAR, M.D., C.I.E.

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OURSELVES; OR THE NEED OF CATHOLICISM  
IN MEDICINE.

Commencing in 1868 we completed eight (annual) volumes of the Journal in 1877, thus falling then full two years in arrears. When we issued our last number (Nov. and Dec. 1877) we were in hopes of being able to continue the Journal without further interruption. But our duties (self-imposed) as lecturer to the Science Association added to the duties of a most harassing profession, and both added to indifferent health at the best, did not leave either time or energy at our disposal to devote to the duties of a journalist. The advancement of medicine, especially in the direction inaugurated by Hahnemann, was not less dear to our heart than the cultivation of the physical sciences by our countrymen. But having had the satisfaction to see that homœopathy had obtained a secure footing in this country, we felt justified in diverting our attention from its advocacy to a different undertaking, the successful carrying out of which was, in our humble opinion, not only intimately connected with the regeneration of our countrymen as a nation and an important

section of the human race, but calculated to lead to the appreciation of homœopathy itself. It is our firm conviction that the ignorant sneer at the startling doctrines of homœopathy would cease the moment the mind is imbued with the knowledge of molecular physics as recently developed.

The Science Association has not ceased to engross our attention. Indeed, we have to work for it as hard as ever, if not harder. Our professional duties are no easier, and our health is no better. How is it then we have ventured to resuscitate the Journal after four years of suspended animation? And what grounds are there for resuscitating it at all? As we have said often and often in the Journal itself, and set forth in the prospectus for its revival the grounds are manifold, and not only more than justificatory, but imperative. It is not simply the advocacy of homœopathy as a persecuted truth, but the advocacy of catholicism in medicine as well, which have impelled and compelled us to resume our labors as journalist. And such being the case, the difficulties in our way, mentioned above, must be attempted to be overcome any how.

Strangely enough, homœopathy has need to be protected not only from the attacks of the enemy without, but also from corruption from within. Finding it immeasurably superior to the prevailing systems of medicine, the advocates of homœopathy have a great temptation of falling into exaggeration of its merits, and of ignoring whatever there might be of truth elsewhere. This is bigotry, and bigotry in those, who are themselves the victims of unrelenting persecution from bigotry, is inexcusable though natural. Such bigotry prevents the legitimate development of homœopathy itself, and deprives the patient-world of the benefits derivable from the fruits of experience, where homœopathy fails, either from the paucity and imperfection of its provings or from the inherent inapplicability of the system in the particular cases.

That homœopathy is far from being in possession of a complete *materia medica* is, as it cannot but be, admitted by even the most enthusiastic adherent of the system; and that the *materia medica*, so far as it goes, is not perfect, is also admitted. That there are, or may be cases of disease, or stages of disease in which homœopathy is or may be inapplicable in the nature of things,

is not only not admitted, but those who think of the possibility of such inapplicability are denounced as pseudo-homœopaths, or at least, as men who have not a thorough knowledge of the system. The fact of failures under homœopathic treatment cannot be denied, but these failures are ascribed, as a general rule, to shortcomings of the practitioners of the system and not of the system. It is only when these failures occur in the hands of the enthusiasts themselves, that they are ascribed to shortcomings of the system, as being as yet but imperfectly developed.

We will not stop here to inquire or discuss whether the system, when fully developed, when possessed of a complete and perfect materia medica, will be applicable to all cases and all stages of disease. It is enough that failures under homœopathic treatment even under the care even of adepts, of the Hahnemannians or pure homœopaths, are admitted. It is enough that cures under other systems are also admitted. We are aware that this latter admission is made under a qualification, the cures being attributed to some homœopathic drug or other in the compounds used by the old school practitioners, and not to the fact of a different method of drug action being concerned in the cures. In some cases this may be the reality, but that it is so in all cases of cure under the old system, is what no man in his senses, no man with any knowledge of drug action, will be disposed to admit.

Such being the case, the necessity of investigation into the causes of failure under homœopathic, and of success under other treatment, must be obvious, in fact, must be felt to be a duty by all honest and truth-seeking physicians. Clinical cases are the only data for such investigation, and it is therefore that we keep our pages open for the record of cases under all sorts of treatment, provided they are genuine, and carefully and faithfully narrated. It is here, indeed, we have the *raison d'être* of a journal like ours. There is not, we believe, a single medical journal in the world which exhibits this spirit of toleration, which unmindful of the interests of party, sect or school, freely welcomes facts and opinions from all sources.

Sound, judicious, philosophical homœopathic physicians, not the mis-called purists, or Hahnemannians, feel the exclusive character of their position in the profession, and plead the intolerance of orthodoxy and of orthodox Journals as constituting

the necessity for the existence of exclusively homœopathic journals, homœopathic schools, and homœopathic hospitals. It is questionable if the intolerance of the old school should ever have been allowed to disturb the calm of scientific neutrality. It is questionable if the true physician, alive to the solemn responsibilities of his calling, though persecuted for adhesion to a new, beneficent, revolutionizing truth, should have so shown his leaning to the new truth as to appear to ignore other truths of lesser range of applicability, but not of lesser importance in their own spheres. But however we might question and even deplore this fact of the attitude of exclusiveness assumed by physicians, whom conscience compelled to recognize truth in homœopathy, the fact was there and is still there. And the question of the gravest importance now is, ought it to remain there? Ought this attitude of exclusiveness to continue?

Exclusiveness is good so long as it helps development and progress. But exclusiveness imposes conditions which by fettering the free action of the intellect, must in time needs arrest all further development and progress. This is the law which governs exclusiveness in all departments, and it has peculiar force in the department of medicine. No law has yet been discovered which is more universal than gravitation, but the astronomer, who would attempt to explain all astronomical phenomena by gravitation alone to the exclusion of other laws, would be grievously disappointed. All the phenomena presented by comets, for instance, cannot be explained by gravitation alone. The animal, especially the human, organism is infinitely more complicated than the material universe. The maintenance of the equilibrium of such organisms is effected by the action and interaction of all the forces with which we are acquainted, each of which is governed by laws peculiar to itself. Apparently all these forces seem to be subordinated by a superior force, which has been called the Vital force. But this vital force cannot act independently of the other forces, and it is notorious that these other forces often rebel against the vital force. So that in the treatment of disorders of the animal organism, we must take into account all the forces in action in the organism. To attempt to remedy these disorders by the aid of one law, however wide its range of action, would leave us helpless in many an instance, and if we

persist in this course, if we refuse to pass beyond the limits of the law, we shall bring unmerited discredit on the law itself.

Exclusiveness, or what is the same thing, sectarianism, in medicine has another, a very disastrous, because a very demoralizing, effect. The position of the physician is not always a smooth one. It is not always that he has to treat simple cases; it is not always that his cases yield to the remedies he prescribes. And it is when brought face to face with formidable and refractory diseases which defy the application of his favorite method or law, and threaten to snatch his patients from his hands to be transferred into a brother practitioner's or death's, it is then that the physician feels the compunctions of his conscience rising superior to his speculative opinions, and it is then he feels with Hahnemann that his "high and *only* mission is to restore the sick to health." It is then that he sees the wisdom in A'treya's dictum—"He alone is the true physician who frees men from diseases," and not he who with audacious impudence commits himself to the fancied finality of a method or law, and recklessly resolves to stand or fall by it, at all risks and hazards to himself, his method, and his patients. If conscience is allowed to reign supreme, a physician in this predicament would break through the fetters of sect, and avail himself of whatever may conduce to the saving of life or the relief of suffering. But it is not in every heart that conscience has the full supremacy, and then the physician, when convinced of the impotency of his adopted method, unless hopelessly wedded to it and utterly dead to all responsibility for his charge, would have recourse to subterfuges and "clandestine proceedings," which homœopathic physicians so justly condemn in the ranks of orthodoxy, and which they ought to more strongly condemn in their own ranks.

Such are the consequences, paralysing to the intellect and demoralizing to the heart, and therefore mischievous to the system itself, which we dread from the spirit of exclusiveness even in homœopathy, which, in its beneficent embrace, has included more than three-fourths of the domain of therapeutics. In the noble and eloquent words of one of the most accomplished and philosophical homœopathic physicians of our time, Dr. Richard Hughes, we would remind all our colleagues to whom homœopathy is dear as containing, not in figure but in very reality, a life-giving truth,—we would remind them that, "Our



name is physician, homœopathic is but an *addendum*. We are priests of the one Catholic Church of Medicine, though the prevailing majority would fain deny our orders and invalidate our sacraments. They force us into a sectarian position; but they shall not inspire us with a sectarian spirit. We claim our inheritance in all the Past of Medicine, and our share in all its Present. We assert and use our liberty to avail ourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. We know of no obligation superior to the paramount one of doing our best for our patients." We believe Hufeland struck the true note when he said: "*No homœopathy, but yet a homœopathic method in rational physic! No homœopaths, but yet rational physicians who make use of the homœopathic method in the right place and in the right way.*"

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### THE MIXED CINCHONA ALKALOIDS, *AMORPHOUS* *AND CRYSTALLINE.*

THE *Calcutta Gazette* of the 25th Instant publishes a correspondence containing the results of further trials made, in some of the Medical Institutions of Calcutta and its suburbs, of the *crystalline* cinchona febrifuge. It will be in the recollection of our readers that several years ago, Mr. Wood, late Government Quinologist, manufactured, in the precipitated form, what has been called mixed cinchona alkaloid, from its containing all, or nearly all the alkaloids obtainable from cinchona. This mixed cinchona alkaloid of Mr. Wood is *amorphous*, showing that it is not a pure article, even as representing the alkaloids of cinchona in a mixed form. This preparation was sent to the Government Hospitals and Dispensaries for trial. The results of the experiments made during a series of years, have not been given in sufficient detail to enable the outside public to deduce any inference from them.

So long ago as 1874, Dr. Ewart pronounced the mixed alkaloid "to be an excellent anti-periodic, and to be only second to quinine." But the opinions of the medical officers, who used the drug from time to time, are far from unanimous. The chief complaints raised against it, were its tendency to produce giddiness and headache, and to cause gastric irritation in the shape of nausea and vomiting. In 1878, the Civil Medical Officer of

Dinajpur found it useful in cases of simple intermittent fever uncomplicated with organic disease, but in cases which resembled the remittent rather than the intermittent type, it was not only useless, but caused the fever to "approach nearer and nearer towards the remittent type," and the Lieutenant-Governor justly remarked that these observations "required to be tested by other observers."

One would naturally expect that this subject would be thoroughly discussed in the dispensary reports of the next year. There is nothing of the kind, however, in the reports of 1879, the year in which Dr. Payne assumed the office of Surgeon-General for Bengal. With reference to the subject Dr. Payne simply said : — "It is not necessary to produce this year the opinions of particular Civil-Surgeons on the cinchona alkaloid, for all who have mentioned it, are unanimous in their testimony to the value and efficacy of the drug, and little or nothing is said of objections to its use."

Meantime, Mr. Gammie, who succeeded Mr. Wood in the charge of the cinchona plantations, succeeded in manufacturing a crystalline variety of the cinchona febrifuge, and the Government of Bengal ordered it to be issued in 1880 to some of the Hospitals in Calcutta and its suburbs for experiment and report.

The results of the experiments, so far as we are aware, have not been given to the public. All that we can gather on this subject is from Dr. Payne's report on the Presidency Medical Institutions for 1880, in which he states that "the reports on the crystalline drug were with one exception *not* in its favor."

On the reports of the proceedings of the second experiment, Dr. Payne now remarks that "the evidence on the whole points to the conclusion indicated in my letter, No. 471, dated 11th February," 1881. As the Government of Bengal have not thought fit to publish this letter, we are left in the dark as to the conclusion drawn; but if the conclusion be the same as that quoted above, it does not seem to be borne out by the recent trials. It is true Drs. Coates and Joubert do not consider the crystalline alkaloid therapeutically superior to the amorphous one, but it is some thing if the new preparation is considered, as is done by Dr. Joubert, a more convenient and elegant drug. In opposition to these authorities we have Dr. Cayley who has pronounced the new drug to be "infinitely more valuable, and useful than the old

alkaloid," Dr. Sanders of the Mayo hospital, who is of opinion that it is a better drug than the (old) cinchona febrifuge, though on the whole much inferior to sulphate of quinine, and Dr. Pilcher of the Howrah Hospital, who reports it to be "in all respects equal to the sulphate of quinine." And besides, we have Assistant-Surgeons Doyal Chunder Shome, Bollye Chunder Sen and Mohendra Nath Goopto of the Campbell Hospital, who report strongly in favor of the *crystalline* alkaloid.

But whatever may be the opinion of Dr. Payne, we are glad to see that the Government of Bengal have ordered the Superintendent of the Botanical Gardens to cause 100 lbs of the crystalline febrifuge to be manufactured and advertised for sale. The public at large will now be in a position to test for themselves the efficacy of the new drug.

We have drawn attention to the Cinchona Alkaloids, as manufactured in India, from a belief that the demand for them will be daily on the increase. The introduction of Western civilization, whatever intellectual and moral benefit it might have brought to the people of this country, has brought disease and death in a degree which it is lamentable to contemplate. And the worst of it is that there is no knowing where it will end. The construction of roads, rail-roads, and irrigation works, while they certainly facilitate inter-communication, and act as preventives of famine, are as certainly the most prolific causes of obstructed drainage, of perpetual dampness of the soil, and consequently of wide-spread malaria. We are firmly of opinion that these works may be constructed with such precautions that the obstruction to natural drainage from all of them, and the direct dampness caused by some of them, may be reduced to a minimum. But that would require such extra expenditure that the spirit of "profitable speculation" will rebel against the idea, and the result will be, as it has been in the past, that the regard for gain in the present will prevail against regard for human life in the future. From the rapidity with which the highways of inter-communication are multiplying and intersecting the whole face of the country, the prospect of the health of the people is very gloomy indeed. And as the unhealth will be in the direction of malarious affections, we hail the manufacture of the improved Cinchona alkaloid by Mr. Gammie as calculated in some degree to mitigate the evil.

## NINE YEARS' CLINICAL EXPERIENCE OF THE PREVENTION AND TREATMENT OF CHOLERA.

BY AN L. M. S.

I. PREVENTION:—As a preventive I have found nothing so valuable as *Camphor*, as the following instance will show. There was a very severe outbreak of the disease in a place with more than 2,000 inmates congregated together. Every morning counted over 20 fresh cases, and nearly as many deaths. The cases were of the worst type possible, and nothing could avail in bringing a single case round. The most scrupulous attention to all the rules of hygiene failed to be of any use in checking the ravages of the disease in the least. As all the people messed together it was very easy to give them the purest water to drink and the best food to eat. Cleanliness, good ventilation, &c., also received due attention. Nothing availing I grew hopeless, and thought of seeing what camphor could do. I purchased a large quantity from Bazar, reduced it to coarse powder and gave as much as I could hold between two fingers, the thumb and the index, (it being not an easy thing to weigh it for each person) to all the people (to children, less, of course) as they were seated in rows for their meals in the morning. I repeated this in the afternoon, and to my utter surprise and astonishment there was not a single fresh case on the following morning. I continued the administration of *Camphor* for a couple of days more, and the epidemic was extinguished. Whether it acted by stimulating the ganglionic system or by killing the miasm I do not want to theorize about, but the fact is indisputable that the epidemic ceased after the people had *Camphor*.

II. TREATMENT IN THE INVASIVE OR PREMONITORY-STAGE:—This I consider to be the most difficult of all. Here also I have found *Camphor* of the greatest use, except where the disease is traceable to a particular cause, when it should be treated accordingly. By saying that in this stage camphor is of the greatest use, I do not mean that it arrests the disease in all cases, but it is my strong belief that it does so in a large per centage of cases, or modifies the subsequent character and course of the disease if it does not succeed in arresting it altogether. While on this subject, I should relate my own case and I should

be considered ungrateful were I not to do so. I owe my life to the drug. On a certain day while engaged in the heavy work of dealing with the deadly epidemic mentioned before, I awoke at midnight to answer a call of nature and passed, as I thought at the time, some 3 seers of watery fluid gushing out with force. Scarcely had I entered my bed room than I had to run again to the closet, and passed a similar quantity. A copious cold perspiration broke out all over my body, and I began to have cramps in the calves and fingers. I was so much prostrated that I could not come back to my room. While in the closet, I sang out for the spirit of camphor I had with me, but my servant, not finding the phial, brought me a quantity of crude camphor. Of this I took about 15 grains at once, and repeated it on my return back to my room. Within half an hour of the 2nd dose I had another motion, but it was not so copious. I took a third dose of a smaller quantity. I had one more stool after this, but it was so scanty that I did not consider it necessary to repeat the medicine. The perspiration became warm, the pulse steadier, and the cramps less and less troublesome, but I did not pass water till after 16 or 17 hours from the onset of the disease. I do not base my eulogium of the drug on the good results obtained in my own case alone. I can cite over 50 cases, in which it cured the disease unaided and alone "as if by magic," and twice as many,\* at least, in which it appeared to modify the character of the disease and changed its subsequent course decidedly for the better.

III. TREATMENT IN THE STAGES OF FULL DEVELOPMENT AND COLLAPSE. The stage of full development is, in the majority of cases, specially in those of malignant types, so short, and that of collapse supervenes so early, that it is practically all the same, as regards treatment, whether they are distinguishable or not. I wish I could rely upon *Camphor* in the treatment of this stage as I do in that of the stage of invasion. Though not of the same use, *Camphor* is not to be put altogether in the back ground in this stage. It has its use, and a very great one, if it be judiciously administered. If no medicine has been given before, or too much of other medicines, in massive or infinitesimal doses, has been given, I give *Camphor*, a dose or two or three at the utmost, at

\* The numbers given were not the total number of cases in which camphor was found of use. They are the cases which I can cite at present.

the onset. In some cases this makes so much impression upon the system that one may be quite astonished at the results; failing with *Camphor*, I employ other means, and these I shall enumerate alphabetically as I go on.

(1) *Aconitum*. I have had no experience with this drug in the premonitory stage, but in the stage of full development and collapse I have used it very largely, and can speak highly of its use in them. It has been of the greatest use when the disease was traceable to exposure to cold, getting wet, and when the fear of death was prominent in the patient's mind. In fact, these were my guiding symptoms. It resembles *Arsenicum* so closely, that it is difficult to ascertain which is to be given first. It has, like *Arsenicum* violent watery diarrhœa, watery vomiting, suppression of urine, cold clammy perspiration, coldness and blueness of the surface, anxious expression of countenance, pulselessness, restlessness and anguish, burning thirst, difficult respiration, collapse out of proportion to the evacuations, fear of death, aggravation by cold and wet. I have prescribed *Acon.* oftener and with greater success than *Arsenic.* I have had ample experience with *Arsenicum*, in the first 4 or 5 years of my practice, but that, which I have had with *Acon.* in the later years, leads me to speak more highly of the latter. I now use *Acon.* in cases where I gave *Arsenic* before, and that with greater satisfaction, except in cases which owe a miasmatic origin, and where there is pain and burning sensation in the pit of the stomach. In the inflammatory variety of the disease I have found it of much use. I generally give the drug in the 1st decimal dilution, every  $\frac{1}{4}$  to 1 hour.

(2) *Arsenicum*. I have nothing particular to say regarding the use of this great cholera medicine except that I have found it very useful in cases in which the patients are in a state of drowsiness verging on stupefaction and great indifference. It is a medicine more productive of evil when injudiciously used, and has been found more than once to produce difficulty of breathing, and appeared to hasten the fatal result by frequent repetition.

(3) *Camphor*. I have already said what I had to say about this drug. I should here mention that once I treated a case of cholera sicca, the only case I saw, with great success with this drug. I first saw the case in profound collapse.

(4) *Carbo. veg.* With all difference to British experience, which is against its usefulness in this disease, I beg leave to say that

it has eminently succeeded, in dilutions from 12—30, in stimulating the system, restoring heat, raising the pulse, &c., after the failure of *Arsenicum* and *Feratrum*, the great sheet-anchors in this disease. It once cured a typical case of the disease in a blacksmith, unaided and alone. In that form of the disease which may be termed “cholera hæmorrhagica,” in which the red corpuscles of the blood pass out with the serum, and tinge it red, which I think to be of the most fatal type, I have found it of great service. Nothing has succeeded like it in this variety, some cases of which were found to yield to it alone.

(5) *Cicuta Virosa* has been found to be of immense benefit in this stage accompanied with drowsiness, up-turned eyes, verging on stupefaction, as also with cramps of the pectoral muscles.

(6) *Cuprum* is decidedly a good medicine for cramps wherever occurring. This medicine also succeeded well in some cases of the “hæmorrhagic type.”

(7) *Cobra* did not succeed so well in my hands as I thought it would.

(8) *Hydrocyanic Acid*. I have not had many an occasion to use the drug, and in the few I used it, it did not produce the desired effect.

(9) *Jatropa* succeeded very well in 2 cases in which evacuations, both upwards and downwards, were copious, sudden, and expelled with great force, accompanied with other symptoms of the disease such as cold clammy skin, pulselessness, suppression of urine, cramps in the upper as well as in the lower extremities, more specially in the latter. No other medicines were required to complete the cure.

(10) *Mercurius Dulcis* (*Calomel*). I have found the drug not only useful in bringing about reaction where other medicines had failed, and in making an imperfect reaction a perfect one, but it often restored the biliary secretion much more readily than many other drugs. To secure the above results I had never to administer more than two doses of it, of three grains each. This was what I prescribed during the earlier part of my practice. I now give it in grain doses, and administer it twice or thrice at the outside. I have found the latter practice as successful as the former, but did not get the same result with fractions of a grain. Some cases showing these have been reported in the *Calcutta Journal of Medicine*.

(11) *Podophyllum*. I have not had more than two cases treated by this drug, but the success in each was something wonderful. I was led to administer the medicine solely on account of thirstlessness which characterized the cases. Both of them were typical cases of the disease with very copious, painless stools, gushing out with much force, no cramps, suppression of urine, pulselessness, cold skin, choleraic countenance and voice, cyanosis. Two doses in the first, and four doses in the second case, produced symptoms of returning vitality, the pulse rose, the heat returned, the countenance and the voice improved, and nature asserted her supremacy without any more help from any other ally.

(12) *Secale*. I use this medicine always after the failure of *Cuprum* to relieve cramps. When painless vomiting, excessive thirst with a desire to drink large quantities, an "aversion to heat or being covered" are present, I always exhibit *Secale* in preference to *Cuprum*. The latter is more allied to *Arsenicum*, and the former to *Veratrum*. The symptoms of *Cuprum* are relieved by drinking water, but those of *Secale* are not. There is another symptom, the gurgling sound produced when drinking any liquid, peculiar to *Cuprum*, which when present decides in its favor.

(13) *Veratrum Album*. My experience with it does not lead me to say any thing new. Dr. Sircar's *Sketch of the Treatment of Cholera* gives a very thorough description of this, as indeed of all other medicines, which Homœopathy can suggest for the treatment of this dire disease. My object here has been not to describe all the uses of the medicines used in cholera, but to give a brief outline of the usefulness of such of the medicines as have proved useful in my own practice. This medicine has been found to be of very great use in "cholera hæmorrhagica" in alternation with *Carbo. veg.* It did not appear to me of much benefit in painless cases. Although it is said to be of no use in cases traceable to imbibition of cholera miasm, there have occurred cases in my hands where it succeeded charmingly after the failure of *Arsenicum*, the sheet-anchor in such cases. A case of this description was reported by me in the *Calcutta Journal of Medicine* for 1876.

(14) *Auxiliary means*. (a) Of these, the application of artificial heat by means of heated towel or flannel (झूटिमैक) was had recourse



to by me in almost all cases where it was practicable with the greatest possible amount of benefit. I ordered it to be applied unremittingly to the extremities till perfect reaction would set in, and in every case almost its benefit was obvious.

(b) *Natrum Muriaticum* and *Natr. Carbonicum*, common salt and the carbonate of soda. Of the usefulness of these in certain number of cases, I can speak very highly, in bringing about reaction or rendering perfect an imperfect one. I give the common salt with arrowroot or barley water, and the carbonate of soda with bottled soda water, or with plain water. Some of these cases have been reported by me in the *Calcutta Journal of Medicine* for 1874 and 1876. In the July number of 1876 will be found a case where reaction took place on the exhibition of common salt after the failure of the ordinary medicines in effecting the purpose. In this case all the improvement that had taken place vanished on substituting *Carbo reg.* for the common salt, but commenced again culminating in cure, on resuming the salt.

IV. TREATMENT DURING THE STAGE OF SEQUELÆ. I here pass over the stage of reaction as I have not found any medicinal treatment necessary in it. When my patients arrive at the stage of reaction I discontinue all medication and wait to see what nature does to complete the case. But if, with the setting in of reaction, the diarrhœa or vomiting or both begin again, and provided they appear to exhaust the patient, I direct my medicines, one of those already mentioned, according to symptoms, but slight diarrhœa or vomiting I never try to check, till the urinary secretion is re-established.

(1) The urinary troubles. When the medicines employed during the previous stage do not succeed in restoring the renal functions (almost all of them having suppression of urine as one of their pathogenetic effects), I have recourse to the following medicines in the order given, the one on the failure of the other:—*Cantharis*, *Terebinthina*, *Spt. Ether. Nit.* (5 drops every 4 hours), and *Belladonna*. I use the latter although there may be no marked symptoms of congestion of the brain.

When, in spite of the medicines mentioned above, the urinary secretion remains unrestored and the cerebral symptoms manifest themselves and grow worse, I administer, according to their pathogenetic effects, *Stramonium*, *Opium*, *Cicula Ferosa* and

*Cannabis Indica*. The effects *Opium* and *Cannabis Indica* produce may be seen from two cases reported by me in the *Calcutta Journal of Medicine* for 1874. I never prescribed *Cicuta Virosa* with good results in cases in which there was no "upturned eyes." I may here remark that I have seen a case in which the patient made water on the 7th day and recovered.

(2) *Gastro-enteric troubles*. Of these, diarrhoea never proved so obstinate, but vomiting and hiccup were sometimes very intractable, more especially the latter. There are hosts of medicines which have these symptoms, and I prescribe them according to their homœopathicity. Sometimes I am obliged to have recourse to massive doses of *Chloroform*, *Hydrocyanic Acid*, *Musk*, and even the application of *Mustard plaster* to put a check to them.

\*One of the most serious complications in this stage is the presence of worms in the intestines. Cina expelled the worms in some cases, and of these two will be found in the pages of the *Calcutta Journal of Medicine* for 1874. Santonine given in massive doses does not appear in any case to act so well as cina in dilutions.

(3) *Fever*. This is an uncommon occurrence in homœopathic practice. In the few cases that it occurred *Aconite* in dilutions from 1st to 3rd controlled it readily enough. I have not had in my practice a single case of that low form of obstinate fever said to occur after cholera.

(4) *Asthenia* is really a very fearful sequela, and when present, taxes the ingenuity of the practitioner.

V. DIET. This is a most important element that requires most careful consideration. I consider it a bad principle to give milk, arrowroot, sago, light broth, &c., when the power of absorption, not to say of digestion, is at the lowest ebb. I have seen even light broth, and improperly cooked arrowroot, causing relapse of the disease ending in death. It is my rule to give nothing but water till reaction sets in. I then give arrowroot, salted or sugared till I consider the case out of danger. Even after this I keep my patients for a day or two on some easily digested vegetable broth. This practice I have never had occasion to deviate from or regret.

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## EDITOR'S NOTES.

### PSORIASIS FROM BORAX.

Three cases are reported in the *Lancet* for Sep. 24 by Drs. Gowers and Spencer, in which the internal administration of borax for the cure of epilepsy was followed by the appearance of a peculiar psoriasis-like eruptions. One of Dr. Gowers' patients took borax for two years and the other for eight months, in doses at first of fifteen grains, and afterwards, of a scruple, three times a day.

The eruptions in these cases appeared on the trunks, arms and legs, but more on the arms than elsewhere. The face was free. It was located on both the flexor and extensor aspects. The patches varied in size up to an inch and a half in diameter, and were quite characteristic; the scales being not so thick as they sometimes are in ordinary psoriasis. In none of these cases was there any history of syphilis. We should not lose an opportunity of trying borax in non-syphilitic cases of psoriasis, to test its homœopathicity.

### A CASE OF POISONING WITH BELLADONNA.

The following symptoms were observed by Dr. P. Smith (*Lancet* Oct. 1. 1881) in a female who was suffering from chronic metritis, and who had taken by mistake  $\frac{3}{4}$  l of *Bell.* liniment, equivalent to  $\frac{3}{4}$  of the root:

Insensible, with wild, scared, and pinched features, anæmic, with lips blue and pale, the pupils being fully dilated, and not acting to the light; the tongue rough and dry; the pulse 130, thready and intermittent; heart's action feeble, specially the first sound; respiration 30 in the minute, temperature normal; when roused she was quite incoherent; pain in the pit of the stomach, the patient calling out when it was pressed; frequent retching; large quantities of light colored urine passed unconsciously. Catamenia appeared before due.

### A CASE OF POISONING WITH SULPHATE OF ATROPIA.

This occurred in a female child of two years, who accidentally drank a tea-spoonful of liq. atropia sulphatis (P. B.), equivalent to about  $\frac{1}{2}$  gr. of the alkaloid, with the following results:—Violent clonic spasms recurring at intervals of five minutes; pupils dilated till the iris had almost disappeared; skin hot and dry; no eruption on the skin, mirthful delirium; in the intervals of repose she laughed, called at imaginary objects, and at times for her mother, whom she could not recognize on presenting herself; a peculiar dragging of the left lower extremity, resembling that of paraplegia.

## A FAT GIRL.

A remarkable case of corpulence occurring in a girl of five years and some months, was shown by Dr. Hillairet before the Académie de Médecine. We give the following particulars from the *Med. Times and Gaz.* for Dec. 17, 1881.

When born, she was of an average size, and began to add much flesh from the 5th or 6th month, and at her third year she had attained an amount of corpulence that attracted attention. She is very healthy. Her intellectual condition is much the same as that of children of her age, and she is lively and playful with her sisters. She has a preference for bread and cheese, drinks but little and sleeps soundly. Her external aspect is deformed. Her features are still those of a child of her age, and her cheeks are fresh colored; her ears, except the lobules, are slightly developed. Her hair is abundant, fair and curled. She is about  $45\frac{1}{4}$  inches in height, and weighs 124 (French) pounds. Her head sinks into her shoulders; the trunk, and specially the abdomen, are extraordinarily developed. The skin is delicate and supple, and does not retain the impression of the fingers. The subcutaneous venous net-work is very distinct, specially over the abdomen. The integuments are of a violaceous color, specially in the legs and forearms. At the lower part of the abdomen and on the breasts, there are some blue and black marks. The breasts are as large as those of an adult, hardly containing any glandular structure. Her limbs are somewhat colossal, and the bony projections are covered by the fatty tissues. She moves easily, but cannot walk far without being out of breath and stopping. She is strong enough to carry her sister three years old. The heart beats regularly, the pulse is 100 and the respiration 24 in a minute.

The following are the measurements of the different parts of the body.

Circumference of the child's body opposite the navel ...	$42\frac{1}{2}$	inches
„ of chest opposite the armpit. ....	$47\frac{1}{2}$	„
„ of neck .....	$14\frac{1}{2}$	„
Back from one shoulder to the other .....	$15\frac{1}{2}$	„
Thighs at the highest part .....	$22\frac{1}{2}$	„
Knee .....	15	„
Calf .....	$13\frac{1}{2}$	„
Ankle .....	10	„

## CLINICAL RECORD.

*A Case of Bronchitic Asthma dependent upon the presence  
of a Foreign body in the Trachea.*

UNDER CARE OF DR. SIRCAR.

REPORTED BY BABU JADU NATH MOOKERJEE.

This happened in a child about one year old. He was very fond of keeping cloves in his mouth, (a thing very uncommon in a child of such a tender age). He had a clove given to him on a certain day in August 1878, by his sister. This was done in the absence of the mother, who soon returned with a cup of milk for the child, while the daughter was gone. Not suspecting any thing having been given to the child interim, she gave her a tea-spoonful of milk to drink, but no sooner did the child attempt to swallow it, than he began to cough somewhat violently, which surprised the mother not a little, as the fit remained for a full quarter of an hour. While the child was in this fit of coughing the mother was told by her daughter that he had a clove in his mouth when she left her, and that that was probably the cause of his coughing so violently. On the following morning the child rose from his bed as usual, but he coughed several times, and the mother noticed for the first time some difficulty of breathing. With this exception the child did not seem to suffer much at the time, although the least movement or change of posture would make him cough by fits. This was attributed to an attack of common cold and was made light of, until the third day after the accident when the child became feverish and quite prostrate with asthmatic sufferings. Dr. Sircar and myself were called in, and we found him in high fever. On enquiry we learned that the child had a clove in his mouth while taking his milk and has been suffering more or less since. We were further informed by the mother that the clove was never seen to have come out of the mouth. On examining his chest we found nothing but wheezing rhonchus and mucus rales, along with some rattling in the throat pit. Undecided as to the cause, we could only treat the symptoms, and accordingly gave him *Aco.* and *Ipecac.* in alternation and the symptoms subsided gradually but for a time only, and then they reappeared. We tried several medicines according to symptomatic indications, but finding no good from any we stopped all medication. In the meantime the child

suffered off and on from recurring attacks of spasmodic cough, besides a persistent constriction in the sides of the chest (lower part). It was in December of the same year in which it was taken in, after an interval of full 5 months, that the child coughed up the clove with perfect ease, while he was straining at stool. After this all the symptoms disappeared, and the child was all right again. The clove was shown to us, and we found it very much swollen and coated with thick, very adherent mucus, forming a complete envelope to it.

*Remarks.*

This case affords a forcible illustration of the impotency of drug-treatment, so long as the cause of a disease is not removed. It shows also how, after removal of the cause, the disease may disappear of itself. *Sublata causa, tollitur effectus* is a principle which must be vigilantly kept in view in the treatment of all diseases. We are fully aware that the cause is not discoverable in every case of disease that a physician meets with, and that when discovered it may be impossible to remove it. In the latter case, a knowledge of the cause though irremovable will considerably help in treatment. In the former our endeavours to find out the cause, though fruitless so far as the immediate object in view is concerned, will give us a much greater insight into the disease than we could otherwise obtain.

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*A Case of Elephantiasis of the Left Leg.*

UNDER CARE OF DR. M. L. SIRCAR.

Biswanath, aged 50, was first seen at the Out-door Dispensary on the 14th June, 1879.

*Previous History:* He had inflammation of the lymphatics of the left leg about 25 years ago, accompanied with fortnightly attacks of lunar fever, and suffered from several such periodical attacks for a long time, followed by an interval of comparative freedom from the fever, which used to come on every 2 or 3 years. The attacks resulted in slight increase in the bulk of the left leg. Since the last 10 months the fever has been re-appearing with its former violence and periodicity. With each attack of the fever there was some increase in the elephantiasis, upon which at last appeared several large nodular prominences.

*Present Symptoms:* The elephantiasis was confined to the lower part of the left leg from about 4 or 5 inches above the ankle-joint, extending over whole of the left foot, mottled with black discoloration.

Nodular prominences of various sizes were distributed throughout the out-growth, with itching sensation and slight exudation from the surface. He was getting fever every fortnight.

*Treatment:* From the day of his admission, June 14, to July 13, a full month, he had *Sil.* 12, with no other effect than slight diminution of the fever.

From the 14th to the 19th July, *Hydrocot.* *Asiat.* 3, without effect. 20th July—2nd Aug. *Ars.* 12, but no improvement followed.

3rd Aug. Patient complained that for some days past he was getting fever every day, and that it comes on in the early morning. *Spig.* 6 was prescribed, and was followed by complete subsidence of the fever, disappearance of many of the nodular growths, of the exudation and the itching sensation. The *Spigelia* was continued till the 20th. No further progress being observable, *Sil.* 12 was again given, and it completed the cure in two months.

#### *Remarks.*

The great interest of this case consists in the complete recovery from a disease, which is very seldom amenable to medicinal treatment, and is therefore looked upon as one of the opprobria of medicine. Under homœopathic treatment we have found the disease kept in check, but not cured. This is the first case, in our hands, which has resulted in the most satisfactory cure. *Arsenicum*, and *Hydrocotyle Asiatica* (so much vaunted in elephantiasis) did no good whatever. *Spigelia*, which was selected for the peculiarity in the time of appearance of the fever, not only removed the fever, but with it nearly half of the skin affection. *Silicea*, which scarcely did any good in the beginning, completed the cure, after *Spigelia*.

#### *Cases of Phlegmonous Erysipelas.*

##### UNDER CARE OF DR. M. L. SIRCAR.

*Case 1.* Lal Mohan, aged 11 years, came for treatment on the 28th of April 1881, for Phlegmonous Erysipelas of the upper lip. About 15 days ago as he was washing his face in the morning he noticed a small vesicle on the inner surface of the upper lip. On that day he took some curdled milk. From the following day the lip became very much red, painful and swollen. *Bell.* 6 alone cured the patient in about a fortnight.

*Case 2.* Krishna Das Paramanik, aged 21, had a boil in the angle of the mouth of the right side six days before his admission in the Out-

door Dispensary, on the 30th September 1879. The boil was squeezed but nothing came out of it, and after that the whole of the right side of the face became severely inflamed. The eye-lids of the affected side were so much swollen that they could not be opened to enable the eye-ball to be seen.

On the 30th Sept. *Ars.* 12 was prescribed without any effect. It was followed by *Rhus. Tox.* 6 and *Bell.* 6 in alternation, with complete subsidence of the fever, but very little of the inflammation. On the 5th and 6th Oct. *Sulph.* 12 was given, but it did not seem to do any good. On the 7th *Apis.* 6 was prescribed. The swelling began to diminish at once, and by the 17th Nov. it was entirely gone, and the patient was all right.

### *Cases of Acute Urethritis.*

#### UNDER CARE OF DR. M. L. SIRCAR.

*Case 1.* Joykrishna, aged 7 years, came for treatment to the Out-door Dispensary on the 30th April 1881.

About 3 days ago he felt a sudden burning sensation during micturition with discharge of pus from the urethra. A day or two after he had swelling of the penis and scrotum. A most searching enquiry was made as to the cause, but we did not succeed in getting any fact to lead us to suspect contagion. *Can. s.* 3 was prescribed, and continued till the 21st May, by which time all the symptoms completely disappeared.

*Case 2.* N., a Hindu girl of 4 years, suffering from gonorrhœa with inflammation and corrosion of the labie majoræ, came for treatment on the 10th May, 1881. In this case we could trace the cause to contagion from the maid servant, who was suffering from this disease at the time. *Can. s.* 3 and *Kreos.* 6 were prescribed with no effect. On the 16th inst. *Sep.* 6 was given, and improvement at once set in; it was continued till the 30th, followed by perfect recovery.

### *A Case of Hematuria.*

#### UNDER CARE OF DR. M. L. SIRCAR.

R. L. M., aged 45, came on the 7th of May 1881, to the Out-door Dispensary for treatment of bloody urine, which he was passing for about a week.

*Previous history:* He had gonorrhœa in his 19th year; since then he had led a debauched and intemperate life till 4 years ago, when he



was attacked with dyspepsia, for which he had recourse to old school treatment. He had derived so much benefit therefrom that he discontinued all medicine for four months previous to the appearance of the hæmaturia. For 8 days immediately before the attack of this disease he had to keep up nights and to take his meals at late hours for a Puja festival in his village, about 10 miles north-east of Calcutta. During this period he noticed increase in the quantity of his urine, and 4 or 5 days after his arrival at Calcutta he began to pass bloody urine, for which he placed himself under the treatment of a well-known old school physician for a week without any benefit.

At the time of his admission he had no other complaint than the bloody urine and the consequent feeling of weakness with slight pain in the bladder. The quantity of urine was normal, mixed with coagulated blood. He had given to him *Canth.* 6, *Nux v.* 6, *Puls.* 6, *Terebinth* 4, *Arn.* 6 and *Arn.* 2 in succession, without any effect. On the 19th *Carb. veg.* 12 was given, and the blood disappeared after two doses. The patient improved daily under the medicine which was continued for a month. We see the patient almost every day, and we are glad to say that up to date he has had no relapse.

#### *Remarks.*

This is a very interesting case, inasmuch as the most approved medicines failed to produce any effect on the disease, whereas a medicine, which has never yet, so far as we have been able to gather, been mentioned as having been used in it, succeeded in checking and removing it in the most prompt manner and the shortest possible time. The pathogenesis of *Carbo. veg.* simply gives: "Dark red urine, as if it was mixed with blood. Reddish turbid urine." No mention is made of clots of blood with the urine. We were led to its selection in the present case, by our previous experience of the efficacy of the drug in hæmorrhage from the rectum with coagula.

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#### *A Case of Hæmorrhagic Dysentery.*

UNDER CARE OF BABU HURRO NATH ROY, L. M. S.

RAM, aged 7 years, spare looking and ill nourished, who had suffered from remittent fever about 20 days ago, and was treated allopathically, came under my treatment for hæmorrhagic dysentery on the 7th September last, at 9 A. M.

*Present symptoms:* Stools consisted of large quantities of blood only, without a trace of faecal matter, abdomen tender on pressure, nausea,

loss of appetite, tongue dry and coated with white creamy fur, a sensation of fulness and weight in the pelvis, no piles, unquenchable thirst.

*Treatment:* *Veratrum Alb.* 1, 1 drop, in water every 3 hours.  
*Diet:* Barley water.

At about 4 P. M. I saw the patient, and hearing that he had passed no stool after 2 P. M., I discontinued the medicine.

8th September, 8 A. M. Passed only one stool, which consisted of faecal matter mixed with white mucus. I gave one dose of *Ac. Ph.* 30, only half a drop. At about 5 P. M. the father of the boy reported that he was doing well, and had passed no stool. Diet continued.

9th September, 7 A. M. No stool, child better. Diet continued.

6 P. M. Child passed one good stool according to his father's report.

10th Sept., 11 A. M. Child better, appetite improving, tongue moist and clearing at the edges. Passed one stool which seemed to be undigested. I gave one dose of *Chinu* 30, half a drop in water. Diet: light chicken broth.

#### *Remarks.*

*Verat. Alb.* would thus seem to be invaluable in hæmorrhagic dysentery, attended with great thirst and abdominal tenderness. I had tried this remedy in another acute case where thirst and abdominal tenderness were absent, and failed to give any relief whatever to the patient. The selection of this remedy therefore must always be very carefully made. In the present instance it acted like a charm—only 3 doses of the medicine sufficed to stop the bloody flux.

### Acknowledgment.

*Causes of Blindness in India. Treatment and Cure, &c.* By G. C. Hall, Surgeon, I. M. D., Superintendent, Central Prison, Allahabad. Thacker, Spink & Co. Calcutta, 1879.

*Malaria: Its Causes and Effects.* By E. G. Russel, M. B., B. Sc., Lond., Surgeon, Bengal Medical Service, Surgeon, Kamrup, Assam. Thacker, Spink & Co. Calcutta, 1880.

*Materia Medica Pura* By Samuel Hahnemann. Translated from the latest German Editions by R. E. Dudgeon, M. D. With Annotations by Richard Hughes, L. R. C. P. E. Vol. I. Aconitum—Ipecacuanha. Hahnemann Publishing Society: Liverpool. E. Gould and Son, 59, Moorgate St., E. C., London, 1880.

*The Indian Homœopathic Review.* A Monthly Journal of Homœopathy and Collateral Sciences. Edited by B. L. Bhaduri, L. M. S. Vol. I., No. 1., January, 1882.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

[Under this heading will be arranged in alphabetical order those articles of the *Materia Medica* which have been used, or may be of use, in constipation, diarrhœa, dysentery and cholera. The stool-symptoms will be given first, then the symptoms which occur *before, during and after* stool. Then will follow symptoms pertaining to the rectum and anus, other than stools. And last of all will be presented general symptoms. The symptomatology will be followed by *remarks* of a practical or suggestive character.

It will be seen that in this undertaking we have taken the cue from Bell's monograph on the same subject. This work is good so far as it goes. But it is incomplete as to the number of drugs and also as to the symptoms; and one has almost always to consult the *Materia Medica* in almost every case one has to treat. It is for this reason that we have undertaken to produce a complete manual of Homœopathic Therapeutics of diseases, which from their very great prevalence here may be looked upon as peculiarly Indian diseases.

One object in thus giving the complete pathogeneses of drugs, as regards constipation, diarrhœa, dysentery and cholera, is to invite clinical experience of their efficacy in those diseases. It is notorious that the homœopathic *materia medica* is still far from being a *materia medica pura*, as Hahnemann designated it. A large amount of chaff and rubbish, in the guise of unimportant and even false symptoms, still encumber and disfigure it. And the only means of clearing them, in the absence of re-provings, is the testing the drugs in disease. As M. Jousset has well said, that "Clinical experience eliminates those remedies whose action is uncertain, and their number is very great. How many of these appear with a pathogenesis that is more or less complete, and with promises, according to the law of similars, of brilliant success, and how many return to the obscurity in which they should have been permitted to rest," and that "it is the law of similars which indicates to the physician the proper remedies in the treatment of disease, but it is clinical experience which stamps the real value of those remedies."

For convenience of reference the symptoms of diarrhœa, dysentery and cholera are given under separate headings, and each symptom is given in a separate paragraph. The abbreviations used are: D for diarrhœa, abd. for abdomen, st. for stool. A cypher ° before a symptom indicates that the symptom is not a pathogenetic but a clinical symptom.—Ed.]

## 1. ACETICUM ACIDUM.

### **Diarrhœa :**

1. Watery D.
2. D. with swelling of feet and legs.
3. D. with colicky pains and tenderness of abd. to touch.
- 4.° D. of Phthisis.

### **Dysentery :**

Bloody discharges.

### **During St :**

Colic.

### **General Symptoms :**

1. Foul breath.
2. Heat and burning of stomach.
3. Sensation as if the contents of the stomach were in a state of ferment, with horrible tormenting agony.
4. Tympanites.
5. Rumbling in abd.
6. Burning in abd.
7. Gripping pain in bowels.

## 2. ACONITUM NAPELLUS.

### **Constipation :**

1. Clay-colored stools.
2. Hard st., earlier than usual, requiring great effort.
3. Very hard feces.

### **Diarrhœa :**

1. Watery D.
2. Thin watery st., of dissolved offensive feces ; with slight belly-ache, with grumbling in abd. and faint sinking, with cuttings in abd.
3. Between 6 and 7 A. M. urgent desire for stool, and copious discharge of soft feces with straining.
4. Painless D. preceded by pinching about navel.
5. Tendency to looseness.
6. Pasty evacuations.
7. Soft, scanty st., with straining.
8. White st. White feces with red urine.
9. Green st.
10. Involuntary st. and urine during a convulsive fit.
11. Involuntary st.;—during a fainting fit.
12. Unexpected evacuation of thin feces, when thinking that he was passing only flatus.

### **Dysentery :**

1. Slimy, bloody sts., with violent pains and tenesmus (constant tearing, pinching).
2. Discharge of white, hot mucus.

### **Aggravation :**

1. In summer, with cold nights (*Bell*).
2. After getting wet.

3. After being over-heated.
4. After exposure to cold, dry wind, or a draught.
5. After anger or fright.

**Amelioration :**

After warm soup. c

**Before St :**

1. Nausea and sweat.
2. Pinching pains about navel.

**During St :**

1. Moderate sweat.
2. Belly-ache.
3. Grumbling in abd.
4. Faint sinking feeling.
5. Cuttings in abd.
6. Straining.
7. Copious flow of urine.
8. Frequent itching.

**After St :**

1. Nausea and sweat.

**Rectum and Anus :**

1. Sensation as of warm fluid escaping from the anus.
2. Bleeding and inflamed hæmorrhoids.

**General Symptoms :**

1. Countenance pale, and anxious appearance of fright and imbecility ; blue face, blue or black lips.
2. Excessive restlessness.
3. Irascibility ; extremely inclined to be vexed.
4. Anxiety ; fear of death.
5. Tongue white, thick, cold ; tongue furred, yellow.
6. Bitter taste.
7. Great thirst.
8. Hiccup after eating and drinking.
9. Eructations.
10. Sense of weight in stomach.
11. Vomiting of green bile ; of blood.
12. Abdomen hot, distended, sensitive to touch.
13. Suppression of urine ; or copious diuresis.

**Remarks :** In acute diarrhœa and dysentery, especially when the result of an inflammatory or irritable condition, or when produced by fright or vexation, **acon.** will often cut short the disease. In diarrhœa which comes on after the abuse of purgatives, **acon.** is exceedingly useful. In cholera when the onset is sudden and the collapse profound, and when there is great restlessness and tossing about, with fear of death, **acon.** vies with **ars.** in restoring the vital energies. The physician need not hesitate to exhibit **acon.** in cases of profound collapse where restlessness and tossing about may be entirely wanting. In a recent case, that of a child, where **ars.** had failed, where the head was hot and the rest of the body icy cold, and the child in a state of semi-stupor, **acon.** had a marvellous effect in bringing

back the pulse and restoring heat and animation. In such cases care must be taken not to push **acon.** too far. It is, again, a mistake to think that **acon.** is useful only in acute diseases of the bowels. As Hahnemann has very wisely remarked "it is an indispensable accessory remedy in even the most chronic affections, when the system requires a diminution of the so-called tension of the blood-vessels." In a case of chronic suppuration of the liver with violent diarrhœa it was the only remedy that proved useful.

### 3. **ÆSCULUS HIPPOCASTANUM.**

#### **Constipation :**

1. Desire to remain at st. a long time, with straining.
2. Ineffectual attempts at st.
3. Very hard and large st., voided with great difficulty, followed by severe pains in anus, with feeling as if a portion of anus was protruded, accompanied with dull pain in umbilical and hypogastric regions, with very severe back-ache in lower part of lumbar and sacral regions.
4. Hard, dry, knotty st.
5. St., of hard, impacted fœces, with great soreness of anus.
6. St., first part of natural consistency, but almost white as milk.
7. Expulsion of about 8 inches of fœces, like a rope, solid, knotty, first half dark, rest light-colored.

#### **Diarrhœa :**

1. Soft, black st., without giving relief to the desire for st.
2. Liquid motions, preceded by griping.
3. Soft, mushy st., with a good deal of pain in the lumbar region.
4. D. of ingesta.
5. Copious soft st., followed by burning and feeling of constriction in rectum.
6. Small st., thin, watery, lighter-colored, and some tenesmus.
7. St. of a light-brown color, very soft, and frequent.

#### **Before St :**

Griping.

#### **During St :**

1. Straining.
2. Desire to remain a long time at st.
3. Dull pains in umbilical and hypogastric regions.
4. Severe back-ache in lower part of lumbar and sacral regions.

#### **After St :**

1. Severe pains in anus.
2. Feeling of prolapsus.
3. Burning and feeling of constriction in rectum.
4. Soreness, aching and fulness in rectum.
5. Tearing pains in anus.

#### **Rectum and Anus :**

1. Dryness and itching in rectum, with a feeling of stiffness of

- the skin and adjacent cellular tissues.
- 2. Dryness of the passage for several days, followed by a secretion of moisture.
- 3. Soreness of the rectum, with a feeling as if something would pass off all the time.
- 4. Dry, uncomfortable feeling in the rectum which feels as if it were filled up with small sticks.
- 5. Soreness of the rectum with increased secretion of mucus.
- 6. Hæmorrhoids, like ground-nuts, of a purple color, very painful, burning, *rarely bleeding*.
- 7. Prolapsus of rectum.

### General Symptoms :

- 1. Tongue white, yellowish-white, light-brown.
- 2. Taste sweet, or at first bitter, then sweet.
- 3. Salivation ; water-brash.
- 4. Feeling of dryness and roughness in throat, as from taking cold.
- 5. Violent burning in throat, with raw feeling there.
- 6. Excoriation and constriction of the throat, with difficult deglutition.
- 7. Tonsils and soft palate congested, with or without swelling.
- 8. Hawking up of thick, afterwards watery mucus ; or ropy, sweetish mucus.
- 9. Nausea ; vomiting, of thick, viscid mucus, with burning in stomach, and eructations.
- 10. Dull aching pains in the right hypochondrium, extending between the shoulders.
- 11. Urine scanty, scalding ; hot and clear ; with dark-brown sediment ; yellow, with thick, white, mucous sediment.

**Remarks :** "*Æsculus* is a capital remedy for hæmorrhoids which do not bleed, or bleed but very rarely, which are very painful, and which are attended with the characteristic lumbo-sacral pain. The presence of constipation is not an essential concomitant. The lumbo-sacral pain is attendant upon both the hard and diarrhœic stools. The selection of the remedy will be the more appropriate if the peculiar throat symptoms are present. As may be seen from the symptoms detailed above, *æsc.* may be a remedy both for constipation and diarrhœa, provided they are attended with the hæmorrhoidal or other symptoms peculiar to the drug.

## 4. *ÆTHUSA CYNAPIUM.*

### Constipation :

- 1. Most obstinate constipation, with feeling as if all action of the bowel had been lost.
- 2. Very hard st., with clawing in the anus, and severe urging.

### Diarrhœa :

- 1. Obstinate D.
- 2. St., partly of digested food, shortly after meals, or at night.
- 3. St., thin, bright-yellow.

- 4. Greenish fluid, mixed with much bile, with severe tenesmus.
- 5. St., first part hard, rest soft.

**Dysentery :**

Bloody stools (*Jahr*).

**Aggravation :**

- 1. Morning, after rising.
- 2. In children, during dentition.
- 3. Summer.
- 4. After meals.
- 5. At night.

**Before St :**

- 1. Pinchings about navel.

**During St :**

- 1. Clawing in anus.
- 2. Severe urging, or tenesmus.

**Rectum and Anus :**

- 1. Contraction of rectum.
- 2. Sensation of dryness at the anus.
- 3. Feeling as if the hæmorrhoidal tumors were excoriated.

**General Symptoms :**

- 1. The features have an expression of great anguish and severe pain, accompanied with *linea nasi*, or a drawn condition beginning at the *alæ nasi*, and extending to the angle of the mouth.
- 2. Aphthæ in mouth.
- 3. Taste, sweet, bitter.
- 4. Food tastes salt.
- 5. Constant thirst.
- 6. Intolerance of milk ; violent vomiting of curdled or not curdled milk.
- 7. Vomiting of greenish mucus : of frothy milk-white substances.
- 8. Violent convulsions, with dilated pupils, down-turned eyes, clenched thumbs, milky foam at the mouth, clenched teeth, temperature being natural.
- 9. Frequent urging to urinate at night, copious emission of urine ; red urine voided with difficulty ; urine depositing a white sediment.

**Remarks :** Dr. Guernsey recommends *æthusa* in cases of cholera infantum, where the peculiar features, convulsions, and intolerance of milk are present. Instead of the convulsions, the child may lie stretched out, and in an unconscious condition, with pupils dilated and staring look. We have found it useful in diarrhœas, whether occurring in children or adults, associated with vomiting of curdled milk.

## 5. AGARICUS MUSCARIUS.

**Constipation :**

- 1. St. delayed, hard, and scanty.
- 2. Hard, dark-colored st.
- 3. Hard st., followed by burning in anus, and passage of



offensive flatus.

4. St. every other day.

**Diarrhœa :**

1. Copious, pappy st., afterwards itching, and finally burning in anus.
2. Scanty or copious pappy st., followed by feeling of distension in abd., or grumbling or rattling in abd.
3. Dark-green, soft, liquid st., afternoon.
4. Liquid, yellow st., with pinching in abd. and emission of inoffensive flatus.
5. Very offensive, fœcal st.
6. Copious evacuation of a tough, sticking mass, passed without difficulty.
7. Evacuation at noon and evening (unusual).
8. D. with swelling of hæmorrhoids and bearing down of intestines into inguinal canal and pelvic cavity.
9. Diarrhœaic st., with passage of a large quantity of urine ; with painful retraction of stomach and abd.
10. Watery st., attended with violent colic and tenesmus early in morning.
11. Watery st., at night, with pain in region of spleen.
12. St., at first knotty,  $\frac{1}{2}$ h after watery, with violent colic and fermentation in abd. and nausea.

**Dysentery :**

1. Passes mucus by rectum with wind.
2. Yellowish, slimy st. with tenesmus.
3. Dysenteric flux.

**Aggravation :**

Wet weather (*Bell*).

**Before St :**

Pinching and cutting in abd.

**During St :**

1. Pinching in abd.
2. Emission of inodorous flatulence.
3. Swelling of hæmorrhoids.
4. Bearing down of intestines into inguinal canal and pelvic cavity.
5. Painful retraction of stomach and abd.
6. Colic and tenesmus.
7. Pain in region of spleen.
8. Nausea, and fermentation in abd.

**After St :**

1. Itching and finally burning in anus.
2. Passage of offensive flatus.
3. Feeling of distension in abd.
4. Gurgling in abd.

**Rectum and Anus :**

1. Stitches in rectum.
2. Loss of appetite ; everything tasting flat and insipid, disgust at food.

2. Prickling in rectum as from worms.
3. Chafing, itching in rectum.
4. Burning in anus.
5. Sensation of warmth in anus.
6. Hæmorrhoids, painful and burning.

**General Symptoms :**

1. Tongue coated white ; also yellow.
2. Taste bitter.
3. Disagreeable, sweetish, metallic, taste.
4. Rancid taste.
5. Clayey taste.
6. Much hunger, but no appetite.
7. Appetite good, but inclination to vomiting after eating.
8. Vomiting of bitter fluid.
9. Vomiting of mucus.
10. Heart-burn.
11. Spasm or paralytic weakness of the sphincter vesicæ, so that urine come out only in drops, or flows involuntarily wetting thighs and knees.
12. Urine milky, or becomes milky on standing, or deposits a white sediment, or has a shining pellicle on the surface ; (phosphatic urine).

**Remarks :** *Agar.* has not had trial at our hands commensurate with the richness of its provings. It is likely to be useful in diarrhœa with vertigo, or with a tendency to the formation of inguinal hernia.

## 6. AILANTHUS GLANDULOSA.

**Diarrhœa :**

1. Weak, burning, uneasy feeling in bowels as of approaching D.
2. Feeling of insecurity, as if he would be attacked with D. any time.
3. Looseness appearing more in large intestines.

**Cholera :**

1. Frequent watery dejections, which are expelled with great force.
2. Nausea with D., sometimes attended with vomiting, in the morning.

**Dysentery :**

1. Dysenteric st.
1. Little fecal matter, much bloody mucus, with very little fever.

**General Symptoms :**

1. Tongue covered with a thick, whitish coat, *brown in centre* ; dry, parched, cracked ; moist, covered with white fur ; tip and edges livid.
3. Throat tender and sore on swallowing, or on admission of air ; thick, œdematous, with dry, choky feeling. Fauces

and tonsils inflamed, with spots of incipient ulceration/

4. Nausea and sickness at the stomach, with sour eructations.
5. Any food taken was speedily vomited. Repeated vomiting.
6. Peculiar feeling of emptiness in stomach.
7. Water tastes brackish and flat.
8. Tenderness over the hepatic region.
9. Tympanites.
10. Suppression of urine.
11. Fever characterized by hunger during chill, and thirst during heat.
12. Malignant scarlatina and measles, the exanthem being livid.

**Remarks :** In homœopathic practice the use of this powerful drug is as yet confined to the treatment of malignant scarlatina. Dr. Dyce Brown has suggested its use in brain-fag and, in epidemic cerebro-spinal meningitis. With reference to its action on the intestinal canal he simply says that "when diarrhoea is a part of the state of blood-poisoning similar to that produced by the *ailanthus*, the presence of this symptom will be an additional indication for its employment." Clinical experience alone can decide whether it will be of any use in diarrhoea, cholera, and dysentery, the symptoms of all of which it can so eminently produce.

## 7. ALLIUM CEPA.

### • Constipation :

1. Strong urging and pressure for soft stool.
2. Urging to st., but passage of wind.
3. Urging to st., with rumbling in abd., but nothing passes.
4. Absence of evacuations, with most severe belly-ache.
- 5.° No st., for many days, with catarrh.

### Diarrhoea :

1. Purgings.
2. D. following distension of abd.
- 3.° D. after midnight and towards morning.

### Dysentery :

Blood passes with the st.

### General Symptoms :

1. Headache, with coryza.
2. Lachrymation (not excoriating) with coryza.
3. Tongue has a foul coat, especially in the morning.

**Remarks :** The bulbs, raw (smashed), or roasted, in doses of a full sized one, enjoy the reputation among our old ladies of being capable of cutting short acute dysentery, in a day or two.

(To be Continued-)

## gleanings from Contemporary Literature.

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### GENERALISATION AND INDIVIDUALISATION.\*

By RICHARD HUGHES, L. R. C. P. Ed., Brighton, England.

THE law *similia similibus curantur* is a formula only. It expresses, in briefest terms, the result of a long course of thought and observation on the part of its framer ; and this must always be carried in the mind if the application of the law is to be made aright. From such standpoint the question, What are "likes?" must be asked, and in the light of these facts it must be answered, if the method of Hahnemann is to be fairly judged and intelligently practised.

But it has not always been thus. Two misconceptions of the master's meaning have widely prevailed ; and these, like most errors, represent extremes of opinion, while the truth lies in the golden mean. I will endeavour to state either as fairly as possible.

1. The first error is that committed by most critics and many testers of homœopathy. The teachings of the class-room and the investigations of the deadhouse, combined with the advance in methods of physical diagnosis, have built up in the medical mind the conception of *diseases* as the objects of the healing art. When, therefore, they hear of likes being treated by likes, they assume that to carry out the principle drugs must be found which shall induce in the healthy subject *similia* of the morbid states they recognise.

The critic, especially if he be a hostile one, denies flatly that drugs with such powers exist. The impartial inquirer is at first rather struck with the number of images of idiopathic disease which drug-action presents. There occur to his mind the tetanus of strychnia, the catalepsy of Indian hemp, the epileptoid paroxysm of prussic acid ; he remembers that turpentine and cantharides inflame the kidneys, arsenic the stomach, and corrosive sublimate the large intestine. much as these are affected in scarlatina, in simple gastritis, and in dysentery ; he bethinks himself how John Harley describes atropia as originating, "as soon as it enters the blood, an action which is closely allied to, if it be not identical with, that which induces the circulatory and nervous phenomena accompanying meningitis, typhus, or enteric fever." It almost seems at first as if there were provision made in nature for this homœopathic law—that a pre-established harmony existed between medicinal and natural disease, which made relations of similarity between them a basis alike probable and feasible. As he advances farther, however, he finds that such instances form, after all, exceptions rather than rules. A number of morbid states are seen

\* Reprinted from the *Transactions of the International Homœopathic Convention* held in London, July, 1881.

to have no analogues in pathogenesis,—sometimes from the degree to which they proceed, as those which involve degeneration or heterologous growth ; sometimes from the irregular character of their phenomena, which bear no resemblance to the known action of any drug. If he still cling to the notion of having diseases, and not sick persons, to treat, he will either give up homœopathy in despair, or he will become what the Germans call a *specificker*. He will employ but few medicines, chiefly those whose physiological action is definite and strong ; and with these he will deal with anomalous states of disorder as if they were more typical of the definite malady to which he refers them, making up for deficient similarity by increase of dose. If he goes beyond this range, it will be to meet morbid nutrition with remedies empirically or inferentially regarded as modifiers of the process ; or to work with organ-remedies and tissue-remedies, which with a good deal of guessing he will prescribe when he thinks them suitable. In this way he will eke out the imperfection of his homœopathy, and may be a fairly successful practitioner ; but it cannot be allowed, and he would hardly claim, that he is a good representative of the method of Hahnemann.

2. A second class of practitioners takes its stand at the other extremity of the homœopathic position. To them there are, for therapeutic purposes, no diseases at all. They admit the existence of some definite morbid types, such as diagnosis can recognise, and to which prognosis can accordingly be applied ; but when they come to treatment, all this is to be forgotten. It is the sick man you are to treat, they say ; not his malady. It does not matter how others are affected by the disease you name as that under which he labours : the one thing for you to consider is how it affects him. The totality of his symptoms is to be your guide to the *similimum* for his case ; or if, as often happens, you cannot “cover” the whole, you may be quite content if your remedy “has” the more peculiar symptoms he manifests. In this way any medicine may be suitable to any malady ; and no importance is to be attached to its being hitherto unknown in relation to the particular disease before you. There are no specifics in medicine and no species in disease : in pathogenesis and symptomatology alike we know only individuals.

I have spoken of this mode of homœopathising as a misconception of Hahnemann's meaning. Those who advocate it, however, always speak as if in so doing they faithfully represented the master. It is quite otherwise. Hahnemann indeed taught that for the multitudinous and diverse forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms and treatment as individual maladies formed the best mode of proceeding. Herein the *specifickers* have certainly diverged from him. But he ever recognised that there were a certain number of diseases of fixed type, acquiring this by origination from a specific (generally “miasmatic”) cause. To these he appropriated one or

more specific remedies, as always applicable and usually indispensable. And further, he considered it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subjects of an indiscriminate search through the *materia medica*.

As these statements may cause surprise in some quarters, and are certain to be challenged by those whose position they impugn, it is desirable to support them by the necessary citations and references.

Hahnemann's earliest and fullest utterance on the subject may be read in his 'Medicine of Experience' (1806).\* "We observe," he there writes, "a few diseases that always arise from *one and the same cause*" (the italics are his), "*e. g., the miasmatic maladies-- hydrophobia, the venereal disease, the plague of the Levant, yellow fever, smallpox, cowpox, the measles, and some others, which bear upon them the distinctive mark of always remaining diseases of a peculiar character; and, because they arise from a contagious principle that always remains the same, they also always retain the same character and pursue the same course, excepting as regards some accidental concomitant circumstances which however do not alter their essential character*" (here the italics are mine).

"Probably some other diseases, which we cannot show to depend on a peculiar miasm, as gout, marsh-ague, and several other diseases that occur here and there endemically, besides a few others, also arise either from a single unvarying cause or from the confluence of several definite causes that are liable to be associated and that are always the same, otherwise they would not produce diseases of such a specific kind, and would not occur so frequently.

"These few diseases, at all events those first mentioned (the miasmatic), we may therefore term specific, and bestow upon them *distinctive appellations*.

"If a remedy have been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical, both in its manifestations (the representatives of its internal nature) and in its cause."

Turning now to the last edition of the *Organon* (1833), we find Hahnemann dividing miasmatic diseases into acute and chronic. Among the former he names (§ 73), in one category, smallpox, measles, whooping-cough, scarlet fever, mumps; in another, plague, yellow fever, and Asiatic cholera, adding to each list an "&c." His chronic miasmatic diseases (§ 78—80) are three. The first is syphilis; the second is another morbid entity, abstracted by him from the manifestations of the former malady, and named sycosis; the third is psora. Under the latter head he ranges all non-venereal chronic diseases not traceable to bad hygiene or injurious medication, and so refuses the name of specific to such maladies as gout, cancer, rachitis, and scrofula. On the other hand, he does refer them all to the "psoric" miasm, and provides a special group of remedies with

\* P. 502 of Dudgeon's translation of the *Lesser Writings* of Hahnemann.

which they are to be encountered. The "antipsorics," indeed, are numerous, while the antisyphilitics and antisycotics are only three in all. But this Hahnemann explains by the hundreds of generations and millions of organisms which psora has infected, and the consequently various forms its influence has assumed (§ 81). The mass of medicines, nevertheless, are apsorics, and are not to be used save as temporary intercurrents in the treatment of chronic non-venereal disease; just as Mercury only is to be given in syphilis, and Thuja and Nitric acid are to be our sole reliance in sycosis.

Another class of specific diseases recognised by him here are the epidemic fevers. These are not indeed to be referred to known types, and treated accordingly; for each epidemic has features of its own. Itself, however, is the product of a single cause, and all instances of it are amenable to one and the same specific remedy, which is to be reached by a study of the phenomena of several cases, carried on until the symptom-totality of the epidemic is reached and its *similimum* found (§ 73, 100—102, 235—242).

Again, in his "Examination of the Sources of the Common *Materia Medica*," prefixed to the third volume of his *Reine Arzneimittellehre* (1816 and 1825), he writes thus:

"From the circumstance that constant remedies have already been discovered for those diseases, few though they be, which have a constant character,\* one might infer, that for all diseases of a constant character, constant (specific) remedies might be found. And accordingly, since the only trustworthy way, the homœopathic, has been pursued with honesty and zeal, the specific remedies for several of the other constant diseases have already been discovered." To this (in the second edition) he appends a note, giving as instances the use of Belladonna in scarlatina, of Aconite and Coffea in "purpura miliaris," of Spongia and Hepar sulphuris in croup, of Drosera in whooping-cough, of Thuja in condylomata, and of Mercurius corrosivus in autumnal dysentery.

Lastly, when speaking in the *Organon* of his (supposed) discovery of the "psoric" origin of most chronic diseases, he says in a note (to § 80):

Before I had obtained this knowledge, I could only teach how to treat the whole number of chronic diseases, as separate, single individuals, with those medicinal substances whose pure effects had been tested on healthy persons up to that period, so that every case was treated by my disciples according to the group of symptoms it presented, just like a disease having a peculiar character of its own, and was so far cured, that sick mankind rejoiced at the extensive remedial treasures already amassed by the new healing art. How much greater cause is there now for rejoicing, that the desired goal has been so much more nearly attained, inasmuch as the recently discovered and far more specific homœopathic remedies for chronic affections arising from psora (which should properly be termed antipsoric remedies), and the special instructions for their preparation and employment, have been published, and from among them the true physician can now select for his:

\* Of these he had previously mentioned Spongia for goitre, Mercury for syphilis, China for ague, and Arnica for mechanical injuries.

curative agents, those whose medicinal symptoms correspond in the most similar (homœopathic) manner to the chronic diseases he has to cure, and thus, *from the employment of medicines more suitable to this miasm*,\* he is enabled to be of more essential service, and almost invariably to effect perfect cures."†

These extracts must suffice. But let me refer the reader to Hahnemann's estimate of bark in endemic malarial fever,‡ of Spongia in gottre,§ and of Veratrum album in the "water-colic" of Lauenburg ||; his recommendation of Aurum in the propensity to suicide¶; and his belief in the uniform prophylactic power exercised by Belladonna against scarlatina, and by copper against cholera. Can a doubt remain that the master was no mere individualiser; that he resorted to the method only where other guidance failed him; that to him there were morbid species, and specific medicines; and that he counted it real gain to reclaim forms of disease from the desert of symptomatology, to trace them to a common origin, and connect them with certain remedies? Modern pathology must often differ from him as to details: it has at times (as in the "psoric" diseases) to separate where he has blended, at times (as with syphilis and sycosis) to identify where he has distinguished. But the difference is not one of principle. The great work which it has accomplished, in forming so many genera, species and varieties out of the diverse forms of disease which come before us, has—so far as it is real—his entire concurrence.

The recognition of this mind of the Master's might have saved homœopathy in France from a disaster which even now weakens its force. In 1848 an inquiry into the truth of our system was set on foot by the eminent physician of the Hôpital S. Marguerite, Jean-Paul Tessier. It resulted in his hearty adoption of it, as a therapeutic method; and he was

\* The way in which Hahnemann arrived at this group of suitable medicines is described by him in the introductory essay to his *Chronic Diseases* (p. 178 of part i of 2nd ed.: p. 184 of vol. i of Hempel's translation). Some were inferred to be "antipsorics" from their physiological action,—as "having developed in the healthy organism symptoms analogous to those which were known to emanate from repelled itch." Some were admitted from their reputed curative virtue in supposed "psoric" complaints; though it seems curious to find among these Natrum muriaticum, on the ground that hemorrhages had been arrested by that substance when given in large quantities. "As a general rule," most of the earths, alkalies and acids, with their salts, and several metals, presented pathogenetic symptoms which led to their being reckoned "antipsoric." Sulphur being assumed to be the type of the class, the chemical analogy with it of phosphorus and other combustible substances led to their adoption; and the similarity of action observed in certain animal products pressed them also into the service.

† The italics in this quotation are mine.

‡ *Organon*, § 244; *Lesser Writings*, pp. 306, 590.

§ *Reine Arzneimittellehre*, vi; preface to Spongia.

|| *Lesser Writings*, p. 605.

¶ *Ibid.*, p. 781.



followed therein by the brilliant band of disciples whom his teachings on general medicine had already gathered around him. One, however, of the points on which he had most insisted had been the "essentiality" of diseases. In opposition to the "organician" school of Broussais, who would make all maladies varieties of inflammation, differing only according to its seat, Tessier had vindicated the traditional view of independent morbid processes, clinical entities with a typical evolution of their own, and had harmonised the older with the later observations on this basis. The French homœopaths of his time were individualisers almost to a man, and claimed herein to represent the master of their school. Tessier was obliged therefore to declare that, while he accepted the therapeutics of Hahnemann, he rejected his pathology; and this assertion aroused an antagonism which still keeps the homœopaths of Paris ranged in two distinct bodies, each with its Society, its hospital, and its journal, and rarely able to co-operate in action for the common cause.

But this is a digression. To return to my point: the position of the pure individualisers has been shown to be without authority, but has it any foundation in reason? Surely the similarity on which we are to base our prescriptions should be as complete as possible, and all that is known of the medicine should be fitted to all that is known of the malady. If, then, we shut our eyes to the fact (supposing it to be one) that the case before us is an instance of a recognised morbid process, having a certain clinical history and involving a definite pathological change, are we not violating the very law we profess to live by? We cannot deny the real existence of these types of disease, because upon our diagnosis of them we found our prognosis and general management; why should we ignore them when we come to treatment?

It has been said that the symptoms pathognomonic of disease are not so with regard to drugs; and this is true, if you speak of the ultimate selection from a group of allied remedies. But to get your group, to separate from the general mass of medicines the (comparatively) few which can cause and therefore can cure the morbid state presenting itself for treatment—here you must use generic and specific characters for your comparison. You must generalise first before you can individualise. That marked vesical irritation is present in a case of peritonitis may lead me to give Cantharis for it in preference to Bryonia or Mercurius corrosivus; but I could not rationally do so, unless I knew that Cantharis as well as the others was a specific irritant of the peritoneum.

Again, the mode of practice now advocated cuts us off from all experience. To its followers it is nothing that a medicine has so often benefited a particular malady, that its name has become habitually associated with it. Dr. Guernsey's lists of remedies for the various disorders treated of in his *Obstetrics* are given in alphabetical order, and nearly always begin with Aconite and end with Zincum. Now it is an undoubted merit of the homœopathic law that it makes us independent of experience, that it enables us to deal *à priori* with fresh forms of disease for whose treatment

we have no data to guide us. But while this is so, there is no doubt of the great aid of experience to us, in sifting and substantiating our pathogenetic indications, and in enabling us to form our groups of remedies really allied to certain maladies. Hahnemann used largely the traditions of the past ; and applied Mercury to syphilis, China to ague, Sulphur to scabies, and Spongia to goitre, not because his provings showed them to be more homœopathic to these affections than other drugs were, but because of the experience which had demonstrated their specific value. Generalisation secures these to us ; a pure individualisation would often slight them (as now-a-days it does with bark), or pass them by altogether.

It is thus evident that these two modes of proceeding, so often put in antagonism one to another, are really harmonious and complementary. There need be little doctrinal opposition on the part of their advocates, if only the individualists will acknowledge morbid species, and the *specificifiers* will pay attention to the symptoms peculiar to each case. The real question between them is a practical one. There are maladies—those which Hahnemann termed “one-sided” (*Organon*, § 173)—where but a single feature is present. Such is the goitre before mentioned, and such very often is mumps. Here we must all generalise exclusively—all be *specificifiers*, as in respect of the former Hahnemann undoubtedly was. On the other hand, conditions of ill-health often come before us—nervous disorders, varieties of dyspepsia and of defective nutrition—which cannot be conformed to any known type of disease, and here individualisation is the only reasonable course and the only road to success. But between these extreme poles there is an extensive zone of genuine morbid species, each requiring the allotment of a group of specific remedies, to be differentiated in accordance with each variety and each case. When this can be fully done, the ideal homœopathy is practicable. But when, as too often happens, it is unattainable, the practitioner has to determine which way he shall lean. Shall he secure likeness in the peculiarities of the instance before him, ignoring the type to which it belongs ? or shall he make sure of covering the type, disregarding the instance ? The former is the course advocated by most homœopathic writers ; but it has great disadvantages. It rests for its basis on a minute symptomatology which is—to say the least—uncertain, which all deeper research and every scientific test combines to discredit as a body of genuine drug-effects. Even if the symptoms which serve as indications be trustworthy, there is no knowing what relation they bear to the disorder as a whole. Their own pathological basis (proximate cause) may be part of its foundation, and then its removal by the drug given is a real gain ; but it may just as well be only an outgrowth, and contribute nothing to the strength of the main building. To vary the simile, the pursuit of such indications is too often a lopping off of boughs and leaves, instead of a cutting at the root of a tree.

There is, again, a better word to be said for the alternative of generalisation than is usually conceded to it. If you conduct a school for boys, it is important that you consider the character of each individual committed to

your care, and act towards him accordingly. But it is still more important that you make your general arrangements such as to be suitable to the young of the masculine variety of the genus homo. You may not know much about a given new-comer, but you are safe in treating him as a boy. And so with disease. If you must choose, it is surely of greater consequence to secure similarity to the pathological process itself than (in Hahnemann's words) "to some accidental concomitant circumstances, which do not alter its essential character." By pursuing individualisation you *may* strike your mark ; but your weapon's point is so fine that, though it pierces deep when it hits, it is very liable to miss. Generalisation gives a blunter point, but a broader one ; your impression may be less incisive, but it can hardly fail to be made. Since, then, imperfect similarity is confessedly better than no similarity at all, it may often be wiser to make sure of this than to aim at a mark more dimly seen. That less attenuation of dose is here necessary is no argument against the proceeding ; for a similar necessity is admitted even in the sphere of minute symptomatology and the higher infinitesimals.

It will be seen that I am far from advocating generalisation as an habitual practice, still less as the ideal mode of homœopathising. Though "so careful of the type" I may seem, I would not be "careless of the single life ;" while pleading for due subordination in the hierarchy of symptoms, I would have none despised as playing no part in the whole. My object has been to show that individualisation—valuable as it is—was not to Hahnemann, and is not in the nature of the case, the be-all and end-all in the selection of the homœopathic remedy. It is always the better for having generalisation as its complement ; and the latter may often be preferably followed when we have to choose between the two. Wurnb and Caspar saying of Arsenic, that "it will often cure" chronic intermittents "when other remedies selected with the greatest care have failed ;" \* Espanet reporting that in the numerous cases of dysentery treated by him in Algeria, he "never found the least advantage from substituting for *Mercurius corrosivus* another remedy which seemed more homœopathic to the febrile phenomena or the abdominal symptoms ;" † the general experience vouched for by homœopaths like Jeanes and Sircar, Jousset, Bähr, and Panelli, ‡ that nearly every recent and uncomplicated ague can be cured by quinine—these are testimonies to the practical value of judicious *specific* *fickering* which are not to be despised. In truth, if the law of similars is not to be left behind in medical progress—if it is to be the medicine of the future, it must approve itself capable of adaptation to intimate knowledge of disease, as well as to mere *enumerationes simplices* of its phenomena and sensations. That it is so, I for one have no doubt ; and it is my profound faith in the law which makes me urge that no morbid reality should be ignored in its practical application.

\* See *Brit. Journ. of Hom.* xiii, 430, note.

† *Bull. de la Soc. Med. Hom. de France*, xix, 179.

‡ See *Brit. Journ. of Hom.*, xxxii, 723 ; *Monthly Hom. Review*, xviii, 522 ; *United States Med. Investigator*, iv, 161.



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THE ROYAL COLLEGE OF PHYSICIANS OF LONDON  
AND HOMŒOPATHY.

WE have two reports of the proceedings of an extraordinary meeting of the Royal College of Physicians of London, held on Dec. 27, 1881, under the presidency of Sir William Jenner,—one given by the *British Medical Journal* for Dec. 31 of the same year, and another by the *Lancet* for Jan. 7 of the current year. Though significantly discrepant in some particulars, we can gather from them what the nature and the character of the proceedings were. We see that the meeting was "extraordinary" in more senses than one. It was extraordinary, not only because it was not what is ordinarily understood as an "ordinary" meeting, but also and chiefly because of the extraordinary character of one of the items of business transacted in it, and of the extraordinary opinions extraordinarily expressed by fellows who had in solemn conclave met how best to stem the irresistible tide of the progress of the most beneficent truth discovered by the wit of man, and which is sweeping away the barbarities of traditional and lawless medicine.

Our readers must have noticed the revulsion of feeling that has begun to set in since last year in England against the absurd, unscientific and inhuman opposition of orthodoxy to homœopathy after the scandal that was enacted over the case of the late Earl of Beaconsfield, a scandal in which Sir W. Jenner to the delight of

the dominant profession took the most prominently bigoted part, for which verily he soon had his reward in being seated in the presidential chair of the College. The revulsion of feeling was so great and so just that some "good men and true" in the profession, "distinguished fellows" too of the Royal College of Physicians, declared they could see no dereliction of duty in consultations with homœopaths, and such men as Mr. Barrow, Dr. Bristowe, and Mr. Hutchinson thought it their duty to declare openly, from their positions respectively as President of the British Medical Association, reader of the address in Medicine, and reader of the address in Surgery at the last Annual Meeting of the Association, that they saw no sacrifice of dignity or of conscience, to meet homœopathic practitioners in consultation. "I fail to see," said Mr. Barrow, "how he (homœopath) can be called a quack, or why he should be tabooed by the profession, as it were, cut off from a position amongst medical men, forbidden to gather together with them, and prevented from discussing publicly his system and hearing the contrary from those practising legitimate medicine." "Where homœopaths," said Dr. Bristowe, "are honest, and well-informed, and legally qualified practitioners of medicine, they should be dealt with as if they were honest and well-informed and qualified." Mr. Hutchinson said,— "That we run the risk of fostering homœopathy by according to its disciples the courtesy of professional consultation I do not for a moment believe. It has hitherto been fostered by opposition. Let us have more confidence in the vital energy of truth, and let us venture to let the wheat and the tares grow together till the harvest. We believe that its principal theory is absurd, and much of its practice ridiculous but at the same time, we are prepared to admit that gleams of a fruitful suggestion may be occasionally discerned in its discussions, and we can surely afford to leave it as a whole to itself, and let it develope to its natural end."

Such expression of opinion from such a quarter could not fail to stir orthodoxy to its inmost depths. Protests were indeed raised from some of the branches of the Association, against the heterodox opinions advanced at its annual meeting, but the Association, which had thrice affirmed and re-affirmed its resolution to exclude homœopaths from professional communion, somehow or other was unmoved by these protests, and officially raised no voice either for or against the opinions in question. Under such circumstances the Royal College of Physicians of London, as the self-constituted guardian of all that is most bigoted in orthodoxy, deemed it necessary to come to its rescue and save it from contamination which would ultimately lead to its destruction. Dr. Samuel Wilks of Guy's Hospital, whom once we had the pleasure

of introducing to our readers as in the same person an unblushing appropriator of the treasures of homœopathy and a coarse abuser of the system, volunteered as the valiant knight in the service of the College in its crusade against the most formidable heterodoxy of the present day. His arguments as weapons of attack were the most curious and extraordinarily ridiculous imaginable. It is a wonder he did not perceive that they were really destructive of the cause he was advocating. His opposition to homœopathy was not on the score of its being a doctrine, sound or absurd. Notwithstanding that with the august exception of Dr. Samuel Wilks of Guy's Hospital, every body professional and lay believed that there is, at least, could be, a doctrine in medicine, he Dr. Wilks could not but believe "it is a device of the enemy to say that there is a doctrine." He felt himself at liberty to prescribe what he *liked*—not what he *thought best*—irrespective, we suppose, and in defiance of fact or experience or principle or doctrine! He objected to consult with a homœopath because he was a quack; and why is he a quack, because "he has to do with treatment only," that is, with that part of medicine which, in the language of the deservedly distinguished head of orthodoxy in England, is "the supreme end of the profession!"

We might have taken these as the ravings of delirium or insanity, had we not the evidence of Dr. Wilks himself to believe that they were the utterances of a man who had worked himself up into ungovernable rage for having been given up by a patient who was benefited by a homœopath. Interest, therefore, was at the bottom of all his tirade against homœopathy. It must be put down, but it cannot be put down by name. The interest of the College forbade it. If the College attempted to do so, it would be deprived of its charter by Parliament, which means being deprived of the fees from the examinees. So interest here again stepped forward to save the College from committing a fatal and suicidal blunder. Besides, even if such a resolution had not actually brought ruin upon the College, it would certainly make the College ridiculous in the eyes of the public simply from the impotency of the resolution. The College could not attach any penal cause to it, and even if it did, it could never enforce it. Dr. Wilks, therefore, notwithstanding the intensity of his rage, proposed the following strangely mild resolution for the suppression of homœopathy.

"The College considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members, of its members to each other and to the public. The College therefore

expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations."

No wonder that such a resolution after the violent diatribe against homœopathy in which Dr. Wilks indulged, should have been deemed disappointing, and that Dr. Andrew Clark should have gone so far as to say that "either Dr. Wilks had not justifiable grounds on which to base his resolution, or he was inconsistent."

Dr. Bucknill not only saw the great inconsistency of the resolution, but saw its danger; for while it did not attack or even censure those persons against whom it was directed, it included those who are *honestly* pursuing some special lines of treatment, as for instance, Dr. Althaus, Dr. MacLagan, and Mr. Lister. Dr. Bucknill wanted a definite and positive expression of opinion regarding consultation with homœopaths on the part of the College. "He could not believe," probably from his extensive acquaintance with human nature as revealed in insanity, "that a well-educated medical man, fully instructed in physiology and pathology, could, if *honest*, be a homœopath." He therefore moved an amendment to the effect: "That the College, considering that competent medical men cannot *honestly* practise the system of medicine called homœopathy, is of opinion that no Fellow, Member, or Licentiate of the College should consult with any who adopt that system."

Sir W. Gull "doubted if he could go entirely with Dr. Wilks. For one of the most respected Fellows of the College does not agree with him (Sir W. Gull) in this matter, and is he to be put under a ban for this?" And yet strangely enough Sir William thought "the proposition as a whole was quite right, and that it should go forth, with the full authority of the College, that it could not countenance a system which is unparalleled in fact."

Dr. Wilson "was most decidedly of opinion that Dr. Wilks's remarks covered the whole ground, and answered all objections. The evil lay in sectarianism with an object. It may be in a measure for good to testify for the truth but it was sinning against the whole profession to declare that one especial line embraced the whole truth." This argument, we must confess, has force as against the exclusive practice and profession of an exclusive system, but none as against the adoption of homœopathy or any novel system as one of the methods of treatment, and perhaps even as the best method yet discovered.

In Dr. Priestley's opinion the really most important part of the resolution was the clause containing the word "trade." He suggested insertion in the resolution of some words to the effect, that the College did not think it desirable to fetter the opinions of its members. Dr. Wilks agreed to the suggestion.

The President, Sir W. Jenner, said that though his own feelings were very strong against homœopaths, yet as a Fellow of the College he doubted the wisdom of the College sanctioning Dr. Bucknill's amendment. The College should not commit itself to the opinion "that no competent medical man could honestly practise homœopathy." He did not agree with all Dr. Wilks said, but still he thought the resolution proposed by him was one which the College could pass.

On Dr. Bucknill withdrawing his amendment, Dr. Wilks briefly replied to the objections that had been raised, especially mentioning that his resolution obviously did not apply to specialists, as such, but to those who professed special systems of treatment.

Dr. Alexander of Halifax who, after some adverse remarks (not reported) on the resolution, had moved the previous question, now moved it again, but his motion not being even seconded fell through. Dr. Wilk's resolution was then put to the vote and is said to have been carried unanimously. We do not understand how it could have been carried *unanimously*, when there was at least one dissentient, Dr. Alexander. The resolution with Dr. Priestley's addition stood as follows :

"That, while the College thinks it desirable not to fetter the action of the fellows, members, and licentiates, with reference to any opinions they may adopt, it nevertheless expresses its opinion, that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public; the College, therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations."

Well has Dr. Dudgeon said, "the resolution has completely missed its aim . . . 'Our withers are unwrung;' the resolution does not affect us."



## REVIEW.

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*Materia Medica Pura* BY SAMUEL HAHNEMANN. Translated from the latest German Editions by R. E. Dudgeon, M. D. With Annotations by Richard Hughes, L. R. C. P. E. Vol. I.—Aconitum—Ipecacuanha. Hahnemann Publishing Society: Liverpool. E. Gould and Son, 59, Moorgate Street, E. C., London, 1880.

THE profession is deeply indebted to Drs. Dudgeon and Hughes, and the Hahnemann Publishing Society, for this edition of the greatest and the best work of Hahnemann, the *Reine Arzneimittellehre*, the Pure Materia Medica, in English dress.

This work was the first attempt at constructing the materia medica on the only real foundation on which it ought to stand, namely, the genuine effects of drugs in health. To this day, notwithstanding subsequent additions, the work remains the best, because the most faithful and most important of its kind. Dr. Dudgeon uttered sober truth when he said, "that in the mere labor of the Materia Medica, Hahnemann's own doings are tenfold as great and important as all the labours of all his predecessors and all his followers; that while we might manage to get on though we were deprived of all the provings of every other contributor to our Materia Medica, were we deprived of Hahnemann's observations, and especially his earlier provings, such as those of Belladonna, Aconite, Bryonia, Nux, Pulsatilla, Rhus, Arnica, Mercurius, &c., we might shut up shop at once. In the matter of the Materia Medica we must all acknowledge that among them that are born of women there hath not arisen a greater than Samuel Hahnemann."

Of such a work there ought to be a faithful translation in the English language, as the most widely spoken language in the world, and as a language which has been more instrumental than any other in spreading the new system. The late Dr. Quin had commenced a translation, and had finished the 1st Vol., but as it was from the 2nd and not from the 3rd Edition which it had reached, it is not to be regretted that the whole impression, with the exception of a solitary copy now in possession of the British Homœopathic Society, was destroyed by fire. A translation of

the whole work was given in 1846 by the late Dr. Julius Hempel, but like all Dr. Hempel's translations it was neither faithful nor complete. "Mis-translations, curtailments, and omissions," in the body of the work, as well as in the prefaces and notes, characterise Dr. Hempel's translation.

Under such circumstances a faithful and complete English Version of this work of Hahnemann was a great desideratum, and it is a matter for congratulation that Dr. Hughes' plea for such a Version has been entertained by the Hahnemann Publishing Society, and that no less a person than Dr. Dudgeon, the accomplished Translator of the Master's *Organon* and *Lesser Writings*, with no less a person than Dr. Hughes himself as his co-adjutor, has undertaken and completed the arduous work. The first volume is already out, and the second completing the work is shortly to see the light.

If the *Reine Arzneimittellehre* had been, as its name would lead us to believe, a repository of the *pure* effects of drugs in health and no other, a faithful translation would have been all that could be desired. But there are, under each drug besides pathogenic effects which are real and genuine, symptoms which have been quoted from authors as the effects either of poisoning or of over-dosing in patients, and the value of which has therefore to be estimated aright before they can be or ought to be used for purposes of therapeutics. That Hahnemann was fully alive to the doubtful character of the symptoms thus obtained must be evident from what he has himself said about them, and from the care and pains he took to secure the purity of symptoms obtained by provings on his own person or on those of his disciples.

"As regards my own experiments," he says in the preface to the 3rd (latest) edition of the 1st Vol. of his *Reine Arzneimittellehre*, "and those of my disciples every possible care was taken to insure their purity, in order that the true powers of each medicinal substance might be clearly expressed in the observed effects. They were performed on persons as healthy as possible, and under regulated external conditions as nearly as possible alike.

"But if during the experiment some extraordinary circumstance from without happened which might even be supposed to be capable of altering the result—for example, a shock, vexation, a fright, an external injury of considerable severity, dissipation or over-indulgence in something or other or any other circumstance of importance—from that time no symptom that

occurred in the experiment was registered ; they were all rejected, so that the observation should contain nought that had a suspicion of impurity about it.

"If some little circumstance happened during the experiment, which could hardly be expected to interfere with the effects of the medicinal action, the symptoms subsequently noticed were inclosed within brackets as not certainly pure."

In the Preamble to the 3rd (latest) edition of the 2nd Vol., we have further insight into the scrupulous mode with which he sifted symptoms. "On every occasion," says he, "when my Leipsic disciples delivered to me their essays I questioned them respecting the symptoms they observed (and this I would advise every teacher to do under similar circumstances) in order to get as precisely as possible the verbal expressions of their sensations and sufferings, and to ascertain with exactness the conditions under which the symptoms occurred. By this means I have, as I believe, elicited the truth. I knew also that they had faithfully observed the carefully regulated diet, and had led a life undisturbed by passions during their provings, in order to be able to observe the alterations in their health purely and obviously due to the medicines taken."

We have further and more detailed insight into the conscientious method pursued by Hahnemann in this important investigation of the health-disturbing properties of medicines, from one of the later accessions to the band of his disciples and co-provers, the late Dr. Constantine Hering. "Hahnemann's way of conducting provings," we learn from this ardent advocate of the New System, "was the following. After he had lectured to his fellow-workers on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their day-books, he examined every prover carefully about every particular symptom, continually calling attention to the necessary accuracy in expressing the kind of feeling, the point or the locality, the observation and mentioning of every thing that influenced their feelings, the time of day, &c. When handing their papers to him, after they had been cross-examined, they had to affirm that it was the truth and nothing but the truth to the best of their knowledge, by offering their hands to him—the customary pledge at the Universities of Germany instead of an

oath. This was the way in which our Master built up his *Materia Medica*."

How is it then that one who denounced Old Medicine for the reason that it had neglected to investigate the powers of drugs in the only way in which they could be investigated, namely, by provings in health, one who was so scrupulously particular about such provings when conducted on himself or on his disciples, how is it that such an one did not scruple to avail himself of observations of others and to incorporate them in his own pure *Materia Medica*? Here we have his own answer to the question that thus naturally arises in the mind: "Among the observations from extraneous sources are some which were observed in patients; but as these were the subjects of chronic disease whose morbid symptoms were well known and were not confounded with the new effects caused by the medicine taken—at least GREDING seems to have carefully avoided doing so—these observations are not altogether valueless; at all events they serve occasionally to confirm similar or identical symptoms that may appear in pure experiments on the healthy." It must be evident, therefore, that Hahnemann did not intend to put the same value upon these symptoms which belong to those obtained from pure experiments. He gave them a place in his *materia medica* undoubtedly from a desire not to lose them, and also that they may be verified by further provings, and by their use in disease. Then again, it is true that symptoms can be obtained from provings in health, but, as Hahnemann has reminded us, no experimenter, any more than any other human being, can be perfectly and absolutely healthy. The effects of medicines when administered to patients cannot, therefore, be altogether beyond the province of legitimate investigation, especially when we may be guided by the results of previous experimentation in health. And accordingly we see Hahnemann so early as 1806 laying down in his *Medicine of Experience*, "how, even in diseases, amid the symptoms of the original diseases the medicinal symptoms may be discovered, is a subject for the exercise of a *higher order of inductive minds*, and must be left *solely to masters in the art of observation*." One cannot but admire the philosophic caution embodied in the sentences we have italicized, and so far not only no fault can be found with Hahnemann, but he is per-

fectly right in recommending the observation of the symptoms of the sick under the influence of medicines as an additional source for the discovery of genuine medicinal symptoms, only it is necessary to proceed with much greater caution and reserve than in the case of the healthy.

Hahnemann's was indeed "a high order of inductive mind," and he was undoubtedly "a master of observation." But can we take on trust whatever he has put on record? Dr. Hughes in his masterly researches "on the sources of the *Materia Medica*," has conclusively shown that we cannot, for he evidently very often mistakes veritable symptoms of the disease, from which the patients suffered for genuine symptoms of the medicines which were administered to them. Thus, for instance, one of Gredings' epileptic patients had, immediately after the administration of a pill of Cuprum, 'loss of sense and thought for a short time,' and Hahnemann puts it down as a mental symptom of Cuprum. Another epileptic patient, who had piles, had hæmorrhage from them for four days together, and this is put down as a rectal symptom of the drug. A female maniac, who was being treated with Aconite, had symptoms of her disease on the appearance of her menses; and this is put down as a genuine pathogenetic effect of Aconite. Another patient, who was also treated with Aconite, had a troublesome cough as a symptom of a chronic disease, and yet this is attributed to the drug as a genuine effect. We content ourselves with only quoting the following specimens, adduced by Dr. Hughes, of the way in which Hahnemann took symptoms from Baron Störk's cases of Cancer treated with Conium: "A patient with mammary cancer coughs and brings up pus before she dies. As might have been expected her lungs are found invaded with the disease; but 'purulent expectoration' and 'a pain shoots into the ulcers when coughing' are contributions from her to the pathogenesis of Conium. Another sufferer with the same disease gets a chill in the street while selling fruit on a cold, windy day, has colic and purging, and finally dysentery of which she dies. 'Violent belly-ache with chill' and 'weakeing diarrhœa' are extracted from the narrative as effects of the Conium she was taking. Another had a group of symptoms deemed traceable to overloading of the stomach, and which all disappeared after an emetic;

but they swell the pathogenesis of Conium." The fact is, Hahnemann, like Bacon, very often neglected his own canons of observation and induction.

We have given the above instances just to show what reliance can be placed on Hahnemann's symptoms when they are extracted from the observations of others, and also to give an idea of the industry and scholarship which Dr. Hughes has displayed in revising and illuminating these citations which number over 4000 in the *Materia Medica Pura*. Dr. Hughes' share in this edition of the work will be seen from what he has himself said: "On the first mention of any authority in each pathogenesis I have stated the nature of his observations, and to each symptom that has required it I have appended such explanations and corrections as might be necessary to set it forth in its full meaning and value. All this matter will be found in the notes at the bottom of the pages, designated by small figures, 1, 2, &c., and divided by a line from Hahnemann's own annotations, which have the usual, \*, †, &c. At first, when any corrections were required, I made these in the text, so that any deviations to be found from Hahnemann's presentation of his cited symptoms must be charged to my responsibility. Subsequently however, I thought it better to leave Dr. Dudgeon to render the text as it stood, and to make my emendations in the foot-notes."

Dr. Dudgeon's name is a guarantee that the work of translation has been satisfactorily done. And when it is added that in this matter also Dr. Hughes has assisted Dr. Dudgeon with "numerous suggestions of improved versions of the original," we may rest assured that the rendering has been as faithfully done as it is possible to render one language into another. Dr. Arndt, Editor of the *Medical Counselor*, who is bringing out a translation of the *Materia Medica Pura* on a different plan from this, has found fault with Dr. Dudgeon's translation, and has even gone so far as to say that "he (Dr. Dudgeon) occasionally, nay, frequently, betrays an inability to understand and render correctly the finer shades of meaning of the German, and he is quite often completely at sea when Hahnemann indulges himself in the use of the vernacular of the common people of his day." From the reply which Dudgeon has given to Dr. Arndt's criticisms, it appears to us that the latter is not only not justified in

his strictures, but that his own renderings are from correct, and that sometimes he has made glaring mistakes.

Dr. Dudgeon has slightly altered the plan and arrangement of the original work, and this in our opinion has been a decided improvement. The original work consisted of six volumes. In the two first volumes, which had reached a third edition, all the symptoms of each medicine obtained from Hahnemann's own or his disciples' observations or from old school authorities, are combined in one schema and numbered continuously, each symptom having its source marked by an abbreviation of the name of the observer or authority, his own being left undistinguished; whereas in the remainder of the volumes which did not get beyond the second edition, his own symptoms stand separate from those of his disciples and of other observers. Then again in the original work each volume contained a varying number of medicines arranged alphabetically according to their common German names, without any attempt at maintaining the alphabetical arrangement in respect to the whole work. What Dr. Dudgeon has done is that he has arranged the symptoms on the plan adopted in the latest edition, and arranged the medicines throughout the work alphabetically. This has cost him a heavy amount of additional labor, and he deserves our best thanks for thus securing "the greater utility and the literary homogeneity of the work."

We have one suggestion to make, and that is, to give in the Appendix the articles *Cantharis*, *Copaiba* and *Valerian* which are found in the *Fragmenta de Viribus Medicamentorum Positivis*, but were not taken up again by Hahnemann. His own contributions to the pathogenesis of these drugs, as well as the cited symptoms, were very few indeed, but we would like to see how he treated these important articles of the *materia medica*. We would conclude by recommending this new English Version and Edition of the greatest and best work of the greatest name in medicine to all practitioners of the new system as containing the most reliable data for the scientific study and the most satisfactory practice of that system. The work has been got up in a style which reflects the greatest credit to the enterprising publishers,—the paper, the printing and the binding being excellent, and worthy of the contents.

EDITOR'S NOTES.

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## RASH FROM QUININE.

We see from the Report of the Medical Society of London (*Lancet*, Nov. 5) that quinine has the power of producing a rash of a roseolous nature, followed by free and general desquamation of the skin. We have not seen any such effect to follow the internal administration of quinine. Allen, on the authority of Skinner (*Brit. Med. Journ.* 1870), gives "scarlatina-like eruption, with extremely violent itching over the whole body, followed by desquamation, lasting fully three months," as effects of  $\frac{1}{4}$  gr. of quinine on a delicate woman.

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## DUDGEON'S POCKET SPHYGMOGRAPH.

This instrument has several advantages over others at present in use; one of these is that it is only about half the price, being only two and a half guineas. It is so small (two and a half inches by two inches), and so light (four ounces), that it can be easily carried in the pocket, and it can be so readily applied, that a tracing of the pulse can be taken in as little time as is necessary to count it with the finger. It can be used with equal facility in any position of the patient. We have compared a tracing taken by this instrument with one taken by Marey's sphygmograph, and have found that of Dr. Dudgeon quite as satisfactory as that of Marey. The great saving of time and trouble in the application of this sphygmograph, as well as the ease with which the pressure exerted upon the artery can be at once estimated, will, we think, do very much to make this instrument of almost as common application as the thermometer.—*Practitioner*, November, 1881.

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## POISONING BY GELSEMINUM.

The *Lancet* of Jan. 14 gives the following case of poisoning by gelseminum from the *Berlin Medical and Surgical Journal* for Dec. 22, 1881:—The patient was a muscular man, twenty-eight years of age, who after a drinking bout had taken some of the drug to "quiet his nerves." He had taken about two ounces of the tincture. His face was flushed; he was dozing, but could easily be roused, and talked intelligently; the pupils were moderately dilated, reacting to light, and there was slight double ptosis; pulse strong and full, about 100. An hour later the dipsomaniac, eluding his watcher, managed to get



out to a drug store, and procured half an ounce of fluid extract of gelseminum, which he drank. He was found by the doctor, twenty-five minutes after, sitting in a shop, limbs relaxed and face pale, but capable of speech. As he refused to swallow an emetic, sulphate of zinc was administered through the nose. Copious vomiting followed this and a second dose that was given. In spite of this he became speedily unconscious; pulse 130; respiration 40, entirely thoracic; pupils moderately dilated, but acting. Brandy was given subcutaneously and by rectum, and after faradisation of the diaphragm and intercostal muscles he rallied from the state of collapse into which he had fallen, only to relapse shortly after, when the same measures were repeated, and also hypodermic injections first of atropia, then of carbonate of ammonia, and inhalation of nitrite of amyl, were employed. He died about five hours after taking the poison. [Dr. Seymour records the case in the hope that experimentalists will direct attention to the necessity for determining the antidotes to poisoning by gelseminum and their indications. For want of experimental authority he did not dare to push the administration of atropia or digitalis, which to be effective would probably have to be given in toxic doses.]

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#### INFLUENCE OF THE CHOROID ON ACUTENESS OF VISION.

The majority of physicians and physiologists have attributed to the choroid only the property of absorbing, through its pigmentary coat, the luminous rays that traverse the retina in order to prevent their being reflected from behind forwards. The choroidal pigment has been compared by them to the black coating in the interior of optical instruments. M. Fano thinks that the choroid has a more important function. As an essentially vascular organ, embracing the retina, the choroid is destined to supply the latter with the largest portion of its nutritive elements. The *Arteria Centralis Retinae* with all its branches is inadequate to keep up functions so active as those of the nervous membrane of the eye. The results of numerous experiments place beyond doubt, the influence exercised by the choroid on the acuteness of vision.

In order to demonstrate the influence which the choroid exercises on the functions of the retina, it is necessary to study the condition of vision in persons suffering from atrophy of the choroid, a lesion which can be easily recognised by an ophthalmoscopic examination. In the normal condition a subject does not only discern objects at a certain distance which is said to be that of *distinct vision*, but he even

sees beyond that distance. This is called the extent in length of distinct vision. This extent itself varies according to the acuteness of vision.

Persons suffering from atrophy of the choroid are generally myopics. One might object that in them the principal focal length of the eye is shorter than in the normal condition. But if the small extent of distinct vision, in these persons, were solely due to a particular state of the refracting media, concave glasses would restore the myopic eye to the state of an emmetropic, that is to say, of a normal one. If on the contrary, these very concave glasses only augment the myopia, that defect can only be explained by the existence of changes in the choroid.—*Les Moutres*, Dec. 29, 1881.

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#### OPIUM IN DIABETES MELLITUS.

Dr. Bastian has published, in the *British Medical Journal*, Jan. 7, 1882, a case of Diabetes Mellitus in which much benefit was obtained from the use of opium in large doses.

The following were the symptoms of the patient on admission:—Constant thirst and weakness, had been losing flesh, the intellect was clear, but he felt heavy and irritable, vision less acute, and he was incapable of making any considerable exertion, slight emphysema of the lungs; flatulent dyspepsia, dull appetite, sour clammy taste; breath had a peculiar sweetish almost venous odor; tongue large, moist, indented, red and clean anteriorly and at the edges, covered by a thick whitish brown fur, posteriorly and on the dorsum, bowels constipated, had to make water frequently in the day and three times in the night, urine 110 oz. in 24 hours, sp. gr. 1,039. Total amount of sugar 6,600 grains, no allumen.

When the patient was in full diet he passed 5624 grains of sugar, 120 oz. of urine, in 24 hours, and the average specific gravity was 1036. When on modified diet (toast instead of bread) he passed 4408 gr. of sugar, 127.3 oz. of urine, sp. gr. 1036.3; when on strict diet (bran biscuits, meat, etc., no bread) he passed 1397.5 gr. of sugar, 73.8 oz. of urine and sp. gr. 1032.7; when the patient was placed on strict diet and was taking three grains of Opium *per diem* the average quantity of sugar passed was 192.5, the urine 45.9 oz. and sp. gr. 1027. The dose of opium was gradually increased till it was twelve grains daily, and the diet given was same as before. The quantity of sugar and urine gradually decreased till it was 17.4 grains of sugar, 34.4 oz. of urine and sp. gr. 1023 in the twenty-four hours.

From the 29th March the opium was gradually reduced, till on the 26th April it was discontinued altogether. But notwithstanding

this the improvement that had begun under Opium continued, and the patient was discharged on May 17th, having gained one stone in weight, and his grasp, as measured by the dynamometer, having risen from—right 54, left 45, before treatment, to—right 70, left 66.

#### HOW VOLTAIRE CURED THE DECAY OF HIS STOMACH.

In the "Memoirs of Count Segur," there is the following anecdote : "My mother, the Countess de Segur, being asked by Voltaire respecting her health, told him that the most painful feeling she had arose from the decay in her stomach and the difficulty of finding any kind of aliment that it could bear. Voltaire, by way of consolation, assured her that he was once for nearly a year in the same state, and believed to be incurable, but that, nevertheless, a very simple remedy had restored him. It consisted in taking no other nourishment than yolks of eggs beaten up with the flour of potatoes and water." Though this circumstance concerned so extraordinary a person as Voltaire, it is astonishing how little it is known and how rarely the remedy has been practiced. Its efficacy, however, in cases of debility, cannot be questioned, and the following is the mode of preparing this valuable article of food as recommended by Sir John Sinclair : Beat up an egg in a bowl, and then add six tablespoonfuls of cold water, mixing the whole well together ; then add two tablespoonfuls of farina of potatoes ; let it be mixed thoroughly with the liquid in the bowl ; then pour in as much boiling water as will convert the whole thing into a jelly, and mix it well. It may be taken alone or with the addition of a little milk in case of stomachic debility or consumptive disorders—*Scientific American*, Dec. 24, 1881.

#### Acknowledgment.

*Life of Samuel Hahnemann, the Founder of Homœopathy ; with a short History of his system and notice of his works, in Bengali.*

By Mahendra Nath Roy, Manager, Aryyadarsan.

হোমিওপ্যাথি-আবিষ্কর্তা মহোপাধ্যায় সামুয়েল্ হানিম্যানের জীবনী ও তৎপ্রণীত গ্রন্থাবলির বিবরণ। (হোমিওপ্যাথির সংক্ষিপ্ত ইতিহাস সম্বন্ধিত।) আর্ষাদর্শনের অধ্যক্ষ শ্রীমহেন্দ্রনাথ রায় কর্তৃক বিরচিত, শ্রীনারায়ণচন্দ্র ঘোষ দ্বারা প্রকাশিত। টালিগঞ্জ, কাশীখণ্ড-বস্ত্রে শ্রীরামকুমার দাস কর্তৃক মুদ্রিত। ১২৮৮ সাল।

*The Indian Homœopathic Review.* A Monthly Journal of Homœopathy and Collateral Sciences. Edited by B. L. Bhaduri, L. M. S., Vol. I., No. 2., February, 1882.

## CLINICAL RECORD.

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### *A Case of double Keratitis with Serpiginous Ulcer of the R. Cornea.*

UNDER CARE OF BABU HURRO NATH ROY, L. M. S.

K. N. B. aged 30, of delicate and lax constitution, who was attacked with gonorrhœa about 3 months ago, came under my treatment on the 28th Nov. last for serpiginous ulcer of the right cornea. He was under old school treatment for a period of 20 days, and his case was pronounced unfavorable. A friend of his, whose daughter was cured of the same complaint about a month ago, advised him to come to me.

*Present symptoms:* Swelling of the lids with intense redness of the conjunctiva of both eyes, violent photophobia with intense burning and lachrymation, cornea of both eyes hazy, constant headache, and ulcer in the right cornea extending half round the circumference of the cornea.

*Treatment:* *Bell.* 200, one third of a drop every morning for 3 days; no improvement excepting dilatation of the pupils. Eyes used to be protected from light and air by cotton wool compresses.

*Diet:* rice, moogdal and light curry of small live fish.

My next medicine was *Hepar Sulph.* 200, one third of a drop every morning for a week. Improvement commencing, I waited patiently the whole of next week, giving him no medicine. In the beginning of the 3rd week, I dissolved 6 globules of *Hepar Sulph.* 200 in 6 ounces of water, and directed him to take one tea-spoonful of it every morning. On the 28th day I saw him and found the ulcer healed up, and inflammation totally gone. He thankfully expressed that he was easy in every respect excepting that the eyes water from midday till 3 p. m. I gave him *Sulph.* 200, one third of a drop twice daily. Two days after, his friend reported that his eyes were all right. After his recovery he was at Calcutta for upwards of a fortnight, after which he left it to join his post in a village close to Darbhanga in Upper Bengal. On the 6th Dec. last I received a letter from him in which he says he has no complaint whatever of his eyes now.

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### *A Case of Malarious Fever, Enlargement of spleen,*

*Bronchitis, Dysentery.*

REPORTED BY BABU AKHIL NATH PAL, L. M. S.

A. C. M., an unmarried East-Indian girl, aged 23, of slender make and mild disposition, had been suffering from repeated attacks of malarious fever since February 1880. She was under allopathic treat-

ment from the beginning of the attack to the middle of July 1881, when Dr. Sircar was called in to treat her. She was then suffering severely from acute dysentery. The dysentery was cured, and she improved a good deal in general health during the short time she was under Dr. Sircar's treatment.

Being unable to follow the strict regimen prescribed, she placed herself once more under the old school treatment and held to it till she was pronounced hopeless by her medical attendants. I was called on the 30th Oct. 1881. The condition of the patient was as follows : extremely pale, emaciated and anæmic, countenance anxious, conjunctivæ and lips bloodless, extremities cedematous, bed sores on both the buttocks and sacrum, tongue red, covered all over with patches of ulceration, gums ulcerated and spongy ; small ulcers on the fauces, involving both tonsils, deglutition painful ; complained of burning of the throat and stomach when taking any acid or spirituous drink, diffuse bronchitis of both lungs, cough troublesome, rattling of mucus in the trachea, sputa thick, whitish and tenacious. Heart sounds feeble, pulse small, soft, compressible ; pulse-beat 130 a minute ; abdomen full, spleen enlarged, extending as low down as the navel, and very painful ; pain on pressure throughout the large gut ; stools serous, tinged red, containing large floating black clots of blood and small sloughs possessing a strong fætor ; severe straining and griping both before and during stool ; Temp. 100. F.

*Treatment* : My first care was to stop the hæmorrhage, and *Ham.* 6 was given every four hours. *Diet* : Barley water.

7 P. M. Had slight fever in the afternoon. Temp. 101.4, cough troublesome. The only improvement from *Ham.* was the disappearance of the black clots of blood. But the stools contained instead florid blood, and the tenesmus was very severe. I therefore gave *Ipec.* 6.

31st. 10 A. M. Temp. 100, pulse 120, feeble ; had several stools in the night, watery, greenish-brown, streaked with blood, with severe griping and straining ; cough very troublesome. *Ars.* 12.

In the evening visit, the patient was found very much exhausted. Had two doses of *Ars.*, but with no effect ; had fever at 11 A. M. with chill, cough very much troublesome, gasping for air at the commencement of each paroxysm of cough, rattling in the throat increased, could not throw out the sputa. *Ant.* T. 6. *Diet* : Barley-water, light chicken broth, and a tea-spoonful of port wine every four hours.

Nov. 1st. 10 A. M. Temp. 100.4, pulse 125. No rattling in the trachea, and the expectoration easier than before, had three stools in the night, all copious, brownish, and slimy, with severe griping and

straining before and during stool, but ceasing with the stool. *Coloc.* 6.

8 P. M. Had fever; temp. 102.6., griping and straining less, stools less in number than in previous days; feels intoxicated from the effects of port wine. *Coloc.* was continued, and the wine omitted.

2nd. 10 A. M. Temp. 100.8, pulse 125; had taken four doses of *Coloc.* The stools were eleven in number, watery, greenish, slimy, with shreds and sloughs; griping and straining very little; no medicine. *Diet*: Barley.

7 P. M. Temp. 103, pulse 140, very weak; had only four stools in the day, complains of dysuria and retention of urine; bladder relieved by catheter. *Canth.* 6 one dose; port wine was resumed.

3rd. 10 A. M. Temp. 100, pulse 130; slept calmly for three hours after the bladder was relieved; had 14 stools in the night, the last two contained large quantities of pure blood, cough again troublesome; no pain in passing urine. *Ipec.* 6 one dose. Dr. Sircar, who had, from the beginning, kindly offered his advice on receiving reports of the case from me, was asked to see the patient at her home at 3 P. M., inasmuch as, notwithstanding the slight improvements in the symptoms that were following the exhibition of medicines, the patient was gradually sinking. The Temp. was observed to be 103, pulse 150, exceedingly feeble; there was painful edema of the right labium; medicine prescribed was *Apis.* 6 one dose; *Diet*: goat's milk, a tea-spoonful every four hours, barley congee; port wine every 4 hours.

10 P. M. Pulse 140, Temp. 101.6, passed coagulated milk with the stools, cough easier. *Æthusa* 6.

4th. Temp. 101. Pulse 110; passed a very restless night; was somewhat delirious last night. The stools were frequent, watery and brownish. *Ars.* 12, Brandy 5ss, every 3 hours.

9 P. M. Temp. 104. Pulse could be counted with difficulty; extremities cold, breathing hard, rattling in the throat; somewhat delirious; not taking any thing; died 1 A. M.

#### Remarks.

It is impossible to convey in language an adequate idea of the absolute hopelessness of this case. The patient was, in fact, a living skeleton. Medicines were administered simply from a sense of duty, and it was a great satisfaction to see how nearly all of them produced their desired effect. Under *Ham.* the large black clots disappeared at once. Under *Ipec.* the blood was reduced to mere streaks. *Ant. T.* saved her on the evening of the 31st Oct., when she was expected to expire every moment from suffocation from accumulation of mucus in the air-passages. *Coloc.* removed the gripes, and *Canth.* the dysuria even in the dying condition.

*Cases of Dropsy treated with Oil of Turpentine.*

BY AN L. M. S.

*Case 1.* Jadu, a Hindu male, aged about 25, *Muchi* by caste, presented himself for treatment on November 26, 1880 with general dropsy from face to feet. The swelling on the face was so great that he could not open his eyes; the feet pitted under pressure to the extent of about 2 inches in depth, and his scrotum, thin and transparent, was of the size of an adult head. No abnormal sounds in the lungs and heart, no hepatic or splenic dulness or enlargement was perceptible. There was no history of fever or diarrhœa preceding the attack. The urine was scanty and showed a large quantity of albumen present therein under the usual tests of heat and *Nitric Acid*, separately as also conjointly. Oil of turpentine was given in doses of  $\frac{1}{3}$  of a drop every 3 hours, and this worked so marvellously that the patient was perfectly relieved of all symptoms, subjective and objective, and the treatment discontinued on the 15th December 1880. I say "relieved" purposely. The man had a relapse after 2 months from the latter date. He was put again on the same medicine which again proved curative, this time, more rapidly, in about a week. He has had no relapse since, and is doing well at present.

*Case 2.* Rebati, a Hindu female, aged about 45, *Kaibarta* by caste, put herself under my treatment on the 4th January 1881. She presented all the objective symptoms of the 1st case with the exception of the quantity of albumen, the percentage of which in this case was a higher one. The dropsy was general, as in the first case, and resembled the latter most closely in degree. Like the first case, this was free from any visceral complications. Every thing being almost equal, I put her under the same treatment, a third of a drop of oil of turpentine given every 3 hours. All the symptoms gave way, and she regained her flesh and strength, when all on a sudden she had an acute attack of diarrhœa and fever which prostrated her a good deal. Scarcely had the acute symptoms passed off when the dropsy reappeared, and made a rapid progress. This time it involved the peritoneum. Turpentine was again had recourse to, but without any benefit. I lost sight of the patient and was unable to know what became of her afterwards.

*Case 3.* Khudi, a Hindu female, aged about 42, *Kaibarta* by caste, applied to me for treatment for a large collection of fluid in the peritoneal sac and general anasarca, on the 29th November 1881. There was no enlargement of the liver or of the spleen, and the heart and the lungs appeared to be sound. She had no fever previously, but had a

slight diarrhœa. She was very anæmic and weak. She made water frequently, but the quantity she passed was very small which moreover was loaded with albumen. I put her at once on  $\frac{1}{2}$  drop of oil of turpentine every 3 hours, and gave her nothing but  $\frac{3}{4}$  seer of milk with rice and sugar. She improved very rapidly and was all right by the 30th December 1881.

*Case 4. X*—a Hindu male, aged about 25, Brahmin by caste, appeared before me, in November last, for treatment of general dropsy. I examined him thoroughly and repeatedly but failed to detect any thing wrong with any other organ than the kidneys. The heart, the lungs, the liver, the spleen, the stomach and intestines, all appeared to be sound; but the urine, a thick, turbid, whitish liquid in appearance, became, on the application of the ordinary tests, a solid mass of albumen. My past experience led me to administer turpentine in  $\frac{1}{2}$  drop doses every 3 hours. It failed, and I gave dilutions up to the 6th Dec. with the same result. I then prescribed *Cantharis* 6, raising it to the 1st with no better effect. Arsenic also failed in dilutions from 12 to 3. I now began to give *Tincture of Muriate of Iron* in drop doses every 4 hours. This too not being found to act beneficially, I thought of giving the drug in an increasing dose before giving it up. I gave 3 drops at a time and repeated it every 4 hours as before. Good effects were observed very soon, but they did not continue. This made me hesitate as to whether the medicine should be stopped or given in an increased dose. As it had produced good results in increased doses I thought that still larger doses may prove beneficial, and so I prescribed 5 drops every 3 hours. The patient began to improve steadily and he is now almost free from the disease,—the urine is quite free from albumen and the dropsical effusion has nearly wholly been absorbed. He has also picked up a little flesh.

#### *Remarks.*

These cases conclusively prove the utter uselessness of our depending upon the infinitesimals alone, a blind perseverance in which only serves to bring unmerited ridicule upon homœopathy.

#### *A Case of Dyspepsia and Gleet.*

UNDER CARE OF BABU HURRO NATH ROY, L. M. S.

D. Bose, aged 45 years, plethoric, applied to me for treatment on the 7th Dec. last for the following symptoms: Fulness and pressure in the stomach after eating, frequent eructation of gas especially after eating, pains in the hypochondria, constipation, with a receding tendency of the fæces, nausea with loathing of food, cardialgia, evening headache,



vertigo, no thirst, mouth dry. He was suffering from these symptoms for about a week, and they were due to his having partaken of rich food, such as *pilao*, *korma*, &c., for three consecutive nights.

*Treatment*—*Bell.* 200, half a drop twice daily. Diet, sago.

8th. 3 stools, no eructation, painful distension of the stomach much less, no pain in the hypochondria, no headache, tongue moist, appetite improving, no medicine. Diet continued.

9th. Feels easier, no difficulty in the stomach, one stool, appetite good. No medicine. Diet: sago and milk.

10th. Better as respects gastric symptoms, but complained of a tingling sensation in the urethra attended with a mucus discharge at variable intervals. Stated, when he was 25 years old he contracted gonorrhœa which was cured (?) by Nitrate of Silver injections. Ever since he has been troubled with a mucous discharge, which at times ceases altogether for days together, and always returns as a consequence of irregularities in diet. *Cannabis Sat.* 200, 3 drops in 4 ounces of water, half an ounce once daily. Diet: rice and fish curry.

\* 14th. No tingling in the urethra, no discharge. Discont. med.

25th—7th July. Better, no discharge. No medicine.

#### Remarks.

I was led to select *Belladonna* in this case in preference to *Pulsatilla* for the reason that *Bell.* is more especially indicated in plethoric persons than *Puls.*, and that *Bell.* has the symptom "fulness and pressure in the stomach after eating," which *Puls.* has not; and the selection was justified by the result, for though administered at a high attenuation, it removed all the gastric troubles. With regard to the treatment of gleet I have invariably succeeded with the 200th dil. of *Cannabis Sativa*, but failed with the lower ones.

#### A Case of Strangulated Hernia.

UNDER CARE OF DR. M. L. SIRCAR.

Babu———, aged about 70, is subject to right inguinal hernia for upwards of ten years, in consequence of which he occasionally wears a truss. For some days previous to, and on, the 14th of this month, he was exerting himself considerably in levelling a certain piece of ground. At about 2 P. M. he suddenly felt a pain as of the threatening protrusion of his hernia. Immediately it began to descend in spite of his efforts to keep it back. The descent was slow so long as he kept his hand pressing against it. The moment he took his hand off it, which he had to do in order to take his baby in his arms, the gut came down, and would not go back. It descended into the

scrotum forming a pretty big tumor. All efforts in putting it back having failed, I was sent for at 3 p. m. I found the constriction at the neck very great, and the patient was in great agony. He was in the sitting posture, with his hands pressing against the hernia. On being asked to lie down in order that I might attempt the taxis, he said he could not do so without risk of the gut descending more and more. The descent into the scrotum was, he said, due to his having laid himself down, as on previous occasions. I attempted the taxis while he was in the sitting posture. I tried for over ten minutes, but could do nothing. I requested him, therefore, to lie down for a minute. He did so, but the hernia far from being reducible, actually did come out a little more. I could not, under such circumstances, insist upon the lying posture, so I asked him to sit up. He said that since the descent of the hernia the passage of flatus has altogether stopped, though he feels there is considerable urgency to it. I gave him a dose of *Lycop.* 200. He had vomited once before taking the medicine, but in a quarter of an hour after its administration he again vomited, and vomited three times. In less than half an hour he passed a stool; and in a little over an hour, the gut went back into the abdominal cavity. After this he had a shivering fit which lasted a few minutes, and was followed by a sound sleep of over five hours.

*Remarks.*

In this case there could be no doubt that the credit of the reduction of the hernia was due to *Lycopodium*. Whether the repeated vomitings after its administration was due to it or not, it is not possible to say, as the patient had vomited once before. But the stool was evidently the effect of the drug, and the subsequent return of the gut into the abdominal cavity was but a part of the peristaltic movement thus originated. This is not the only instance in which homoeopathic remedies have succeeded in reducing a hernia after strangulation and after failure of the most careful taxis. In one case I had succeeded with a high attention of *Nux. Vomica*.

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*A Case of Cutaneous Erysipelas.*

REPORTED BY AKHIL NATH PAL, L. M. S.

Khoka, aged three months, was first seen on the 13th Jan. 1882.

*Previous History:* The father of the child was healthy, but the mother had suffered from malarious fever from the beginning of her pregnancy till she was delivered. The child kept a good health for a fortnight after his birth, when the navel became inflamed, and he suffered from it for about a week. When a month and a half old, he got balanitis and was cured by *Canth.* 6 gles. after suffering for ten days.

The child since then was well ; and it was on the morning of the 12th Jan., that his mother first noticed a small red spot at the angle of the right lower jaw, with slight swelling of the sub-maxillary glands. I was called on the following morning, when I noticed the following symptoms : an uniform rash of a vivid rosy hue extending from the parotid region above, to the middle of the neck below and in front, the parotid and sub-maxillary glands being swollen. The erysipelas was solely confined to the right side of the neck, there being much serous effusion into the cellular tissue. The child was very fretful and crying incessantly ; temp. 103, bowels regular.

*Treatment* : *Bell.* 6, every 4 hours. Only two doses of the medicine were given, and I was hastily called in the afternoon, as the child was getting convulsions. I saw the erysipelas extended to the opposite side of the neck, and face, the eye-lids swollen and covering the globe of the eye. The temperature was 104, the convulsive fits succeeding each other with great rapidity, the hands were firmly clenched, the head turned backwards, the limbs quickly flexed and extended, and there was distinct strabismus, and irregular and laboured respiration.

Dr. Sircar saw the case with me, and ordered *Bell.* 30 globules every half an hour. Three doses of *Bell.* were given, and there was no abatement in the fits. *Cham.* 12 was next given, and the fits disappeared after two doses at an interval of an hour.

With the fits the fever also disappeared, and there was no return either of the convulsions or of the fever. But the erysipelas assumed a lingering erratic character, wandering progressively along the skin, and spreading over the different parts of the body in succession.

*Bell.* 30, and *Rhus. T.* 6 were given in alternation for the first three days, but they could do but little to disperse the considerable puffy swellings of the scalp, eyelids, and other parts. *Apis.* 6 was now had recourse to. On the following morning the swelling of the scalp was found to have nearly disappeared. But the disease began to invade the lower parts of the body from the thorax downwards, in successive marches as it were, till it descended to the feet ; the swelling, under the influence of the medicine, disappearing from above downwards.

#### *Remarks.*

*Bell.*, which generally succeeds, especially in alternation with *Rhus Tox.*, in erysipelas with convulsions, failed to do any good in this case. *Cham.* removed the convulsions and the fever, but the cutaneous disease yielded only to *Apis.* The disease presented this peculiarity, that commencing on one side of the face, it soon involved the other side and the whole head, and then spread downwards simultaneously on both sides of the body.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 8. ALLIUM SATIVUM.

#### **Constipation :**

1. St. delayed from morning until after dinner, with great urging.
2. With the st. heat in rectum.
3. Constipation obstinate.
4. Constipation with constant dull pain in bowels.

#### **Diarrhœa :**

1. Involuntary st.
2. Diarrhœaic st. towards 3 A. M. preceded, accompanied, and followed by cuttings in abd. and loins.
3. First fœces, then watery st., coming out hot.

#### **General Symptoms :**

1. Very copious flow of sweetish saliva after meals, specially after supper and during the night.
2. Thirst preventing sleep.
3. Voracious appetite.
4. Burning eructations after a meal.
5. Whitish, very abundant urine, becoming cloudy from nitric acid.
6. Intolerable pain in the common tendon of the Iliac and Psoas muscles, worse from movement, and after evening in bed.

### 9. ALOE.

#### **Constipation :**

1. Constipation with indolence and loss of irritability of the abdominal organs.
2. Constipation and an unendurable condition of mind.
3. Constipation with straining at st.
4. Hard lumpy st.

#### **Diarrhœa :**

1. Golden-yellow st.
2. Green st.
3. Undigested st., with traces of blood.
4. Soft, abundant st.
5. Thin, pappy, dark-colored, scanty st.
6. Watery, long continued D.
7. Yellow, pappy D.
8. Yellowish green D.
9. Diarrhœa with burning in rectum.
10. Blood with diarrhœaic or watery st.
11. Pappy, yellowish st., with much passage of flatus.
12. Involuntary st. with passage of flatus. Must take care that he does not have an involuntary stool when passing flatus.
13. Copious, fluid st., grayish-yellow, undigested, with much rumbling.
14. Stool, immediately after meal.

15. St. first hard, then fluid, very hot.
16. Two small sts., in disconnected pieces, with much offensive flatus.
17. D. after a thin, pappy st.; a troublesome feeling as if more would come.
18. At three in the morning, he wakes with hasty urgency to st., dull gripings; movings about in the abd.; thin, pappy evacuations; afterwards a feeling as if more ought to come.
19. On rising, he must immediately go to st., which is thin, and so indeed three times; much flatus besides, wherewith some st. easily escapes involuntarily.
20. The stool passes without his needing to make any exertion; it falls, as it were, out of the rectum.
21. Disposition to stool when passing water.
22. Fæces and urine seem inclined to pass and do pass together.

**Dysentery :**

1. Urging straining, then a liquid evacuation, with some blood and bloody mucus.
2. Evacuation of large conglomerate pieces of mucus.
3. Passage of membranous-looking mucus.
4. Small, brownish, slimy, half-fluid stools.
5. After loud grumbings and moving about in the abd. a thin evacuation passing almost involuntarily, consisting in part of thin, yellow fæces, partly of bile-streaked pieces of mucus mixed with the fæces; thereafter crawling in the anus, which compels one to rub it.
6. Jelly-like mucus.

**Aggravation :**

1. After meals.
2. When passing urine.
3. When passing flatus.

**Amelioration :**

Of colic from passage of flatus.

**Before St :**

1. Urging, violent, frequent and quickly passing.
2. Prickling and griping.
3. Severe raking in a small circle about the navel, just as if he has received a blow from a fist upon the abd.
4. Much flatus.

**During St :**

1. Urging.
2. Heat and burning.
3. Much passage of flatus.
4. Rumbling in abdomen.
5. Tenesmus.
6. Passage of blood.
7. Fainting.

**After St :**

1. Aching in lower abd. for several hours as if another stool would follow.

2. Gripping.
3. Fulness and pressure in anus.
4. Burning, sticking, cutting pains in anus.
5. Passage of blood.
6. Fainting. Extreme weakness and prostration.

**Rectum and Anus :**

1. Urgency to st., but only flatus passes.
2. Many times a day urgency as with diarrhœa, only hôt flatus passes with great relief.
3. After a thin pappy st. a troublesome feeling as if more would come.
4. Sensation of heat and burning in rectum.
5. Itching in anus.
6. Weakness or loss of power of sphincter ani, which is incompletely closed after st., so that keeping anus clean was difficult.
7. Large and prominent hæmorrhoids, tender, hot, relieved by cold water.
8. In the morning, the piles are small and little sensitive; through the day, more swollen and sensitive.
9. In the afternoon, much itching in the piles and anus generally.
10. Continual smarting of the hæmorrhoids, even during rest, on sitting and lying, as if rubbed raw.
11. Soft, painless, varicose tumors on the perinæum.

**General Symptoms :**

1. Mental despondency. Anxious restlessness.
2. Great disinclination to mental or much mechanical labor.
3. Vertigo.
4. A confused feeling of heaviness or pressure in the forehead, it sometimes extends to the vertex, sometimes to the temples.
5. Headaches are worse from heat and better from cold applications.
6. An easily excited angry, revengeful state of mind, could not brook opposition, wanted to destroy the object of wrath ; relief from tea or mild stimulant, worse in the middle of the day.
7. One is compelled to close or constrict the eyes for pain in the forehead.
8. Tongue coated yellowish-white. Tongue dry red.
9. Bitter taste. Bitter, sour taste. Taste like ink or iron.
10. Yellow ulcers on tongue.
11. Dryness and heat of mouth with thirst.
12. Sore feeling of inner side of cheek.
13. Dryness of the throat.
14. Appetite generally good. The child preserves a good appetite during the diarrhœa.
15. Canine hunger soon after morning st.
16. Desire for juicy things, fruit (specially apples), not water.

17. Aversion to meat.
18. Thirst specially for beer which seems to alleviate the pains in the anus.
19. Thirst awakens at night.
20. Eructations bitter, sour, or acrid.
21. Inclination to vomit after taking sour things.
22. Uneasiness, heat, pressure, and tension in region of liver.
23. Distension of abd., much flatulence moving about, (loud gurgling).
24. Discharge of much offensive and burning flatus.
25. Great and cutting griping pain in the right and lower portion of abd. which was excruciating before and during a st., after st. all pains ceased, leaving a profuse sweating and extreme weakness.
26. Griping pain in abd. relieved by bending double.
27. One is driven to urinate so quickly that he can scarcely retain it.
28. Wakened many times by urgency to urinate.
29. Discharge of blood from the urethra.
30. Bloody urine.
31. Highly colored urine, of strong odour, remaining clear.
32. Sediment in urine, yellow like bran, or slimy.

**Remarks : Aloes** is rather a neglected medicine in our school. It is seldom used in constipation, though it is likely to be useful in this affection when associated with hæmorrhoids and the peculiar headache which compels the patient to constrict the eyes. In morning diarrhœas with the treacherous character of the sphincter of the anus or of the bladder or of both, rendering the tenure of the feces and the urine extremely uncertain, so that the patient is afraid to pass flatus, or exert to pass urine, lest some feces pass also, **aloes** is the medicine. The following case of the late Dr. Dunham is very instructive as illustrative of the curative power of **aloes** in such characteristic diarrhœas :

“A young man applied for relief from a diarrhœa which had persisted about two weeks in spite of various remedies which had been prescribed for it, and among which were *Calcearea*, *Nux Vomica*, *Bryonia*, and the inevitable *Arsenicum*. He described his stools as being light yellow, pappy, somewhat frothy, and tolerably abundant. They were preceded by flatulent rumbling in the abdomen and by pinching pain in the hypogastrium. The necessity for a stool awakened him from a sound sleep about three A. M. From this hour to nine A. M. he had from four to six stools of the character above described. None at any other period of day or night. When the desire for stool was felt, the urgency became instantly so great that he was compelled to spring from the bed and hasten to the water-closet. Yet this urgency was not of the nature of tenesmus, but rather a sensation of weakness in the sphincter, as though he could not prevent the feces from falling out. During stool, which passed freely in a mass the instant the restraint of the patient's volition was withdrawn from the sphincter and, there was a slight burning in the

rectum. After stool, cessation of pain, but a very slight general sensation of weakness and lassitude.

"During this period, from three to nine A. M., the patient was compelled to avoid all rapid or severe exertion of body, and especially straining to pass water. The penalty of such exertion or straining was sure to be an involuntary evacuation of fæces.

"I prescribed one powder of *Saccharum lactis* containing two globules of *Aloes* 200 to be taken dry on the tongue at ten A. M. (the hour at which he called on me). From this time he had no diarrhœa. The next morning he slept until seven A. M., and at nine had a natural stool as was his habit in health."

**Aloes** is very serviceable in dysentery, especially when the rectum is engaged in the morbid process. The symptoms that call for it are severe and prolonged tenesmus, faintness during and after stool, stool consisting of large masses of mucus, gurgling in the intestines,—with generally unimpaired appetite, especially in children. Dr. Holcombe has found it useful in tenesmus that persists after recovery from dysentery.

## 10. ALUMEN. (Common Alum).

### Constipation :

1. Rarer, drier st. (from small doses).
2. Difficult passage of hard st., with blood.
- 3.° First hard, then soft st. pain following.
4. Blood with st.

### Diarrhœa :

1. D., stools yellow.
2. Copious st. (from large doses).
- 3.° D. of Typhoid fever.
- 4.° Coagulated blood from rectum in Typhoid fever.

### Dysentery :

1. D. with frequent tenesmus, slimy discharges, violent pains in rectum going down into the thighs.
- 2.° Fætid, bloody ichor from rectum.
- 3.° Putrid dysentery (*Jahr*).

### Before St :

1. Violent urging.

### During St :

1. Severe pains, tearing in rectum.
2. Strong dyspnœa.

### After St :

1. Beating in the anus.
2. Smarting and burning at rectum.
3. Hemorrhoidal tumors.
4. Burning, stinging pain in anus and rectum.
5. Throbbing in the rectum.

### Rectum and Anus :

1. Violent urging to st.
2. Ulceration of rectum.
3. Piles with aching within the anus.



4. Itching at the anus all evening.

**General Symptoms :**

1. Anxiety, doubts if medicine will cure her.
2. Mouth very dry, but the thirst not increased.
3. Tongue dry, rough, as if scraped.
4. Appetite generally increased, with fulness of stomach.
5. Nausea, vertigo and headache.
6. Vomiting and disturbed digestion after large doses.
7. Gripes and cramps in the stomach.
8. Distension of stomach.
9. Heat and burning in stomach.
- 10.<sup>o</sup> Habitual hæmorrhages from the stomach, such as are sometimes observed in hard drinkers, checked by repeated doses of 1st dec. trit.
11. Burning pain in small intestines.
12. Fearful burning in lower part of abd. and small of back.
13. Accumulation of wind in the abd.
14. Urine becomes remarkably acid.
15. Frequent urination.
16. White, cloudy urine.

**Remarks :** We have used the common *alum* in homœopathic doses in constipation; characterized by the difficult passage of hard, dry stool, with success. It deserves trial in dysentery, and (*bapt. failing*) in the diarrhœa of typhoid fever, with or without blood in the stools.

## 11. ALUMINA.

**Constipation :**

1. St. scanty, firm, knotty, preceded by tenesmus.
2. Firm st. covered all over with whitish mucus.
3. Difficult evacuations, stools being hard, and of the shape of laurel berries or sheep's dung, with cutting pains in the anus as if it were too narrow.
4. Evacuation of a small quantity of hard fæces, with pressure and a sensation of excoriation in rectum.

**Diarrhœa :**

1. Stools soft and thin, but can only be pressed out by straining the abdominal muscles.
2. Diarrhœa succeeding retention of st.
3. Soft st. almost liquid with burning in anus.
4. First portion of soft liquid, last portion appears burnt.
5. Diarrhœa attended with tenesmus in rectum.
6. Thin evacuations a day, preceded by colic, which sometimes continues even after the evacuation.

**Dysentery :**

1. Bloody mucus comes off during and between evacuations, and without any.
2. Blood passes during a firm evacuation.

**Aggravation (*Bell*) :**

1. After constipation.

2. After dinner.
3. After lead poisoning.
4. During typhoid fever.
5. In dry weather.
6. When walking.

**Amelioration :**

1. After short sleep.
2. From warm applications.

**Before St :**

1. Tenesmus and colic.

**During St :**

1. Straining and tenesmus in rectum.
2. Cutting pains in anus as if too narrow.
3. Sensation of excoriation in rectum.
4. Burning in anus.
5. Dropping of blood, followed by a stream of blood.

**After St :**

1. Colic sometimes continues.
2. Ineffectual desire for stool.
3. Throbbing in small of back.
4. Pricking in anus.
5. Sense of excoriation in anus.

**Rectum and Anus :**

1. Deficiency of peristaltic action. No desire for, and no ability to pass stool, until there is a large accumulation.
2. The rectum seems as if dried and constricted during a st.
3. Varices always enlarged in the evening, they become moist and burn.
4. Tenesmus of the rectum and bladder passing off after an evacuation.
5. Tenesmus and bearing down during a st.
6. Itching, burning and stinging of the rectum.

**General Symptoms :**

1. Intolerable ennui, an hour seems to him half a day.
2. Extremely peevish and obstinate.
3. Tongue coated yellowish white with bitter taste.
4. Musty, bad smell from the mouth.
5. Small ulcers in the mouth.
6. On waking, the mouth is dry and the tongue sticks to the palate.
7. Dryness in the mouth, although saliva is not wanting.
8. Waterbrash, sour, sweetish.
9. Taste, flat, metallic, sour, saltish, bitter, insipid.
10. Every thing, he eats, seems tasteless, and not salted.
11. Meat seems to have no taste.
12. Collection of thick viscid mucus in the throat, specially in the evening, and morning on waking, which increases the soreness of the throat.
13. Aversion to meat, to usual smoking which does not relish.
14. Appetite for starch, chalk ; clean, white rags ; charcoal,

- cloves, acids, coffee or tea-grounds, dry rice, and other indigestible things (HERING).
15. Eructations bitter, acrid, rancid ; eructations sour with burning in the throat like heartburn.
  16. Waterbrash, sour or sweetish.
  17. Frequent nausea, as if he would vomit ; his appetite is nevertheless tolerably good.
  18. Attack of nausea, with headache, paleness of the face, want of appetite, several evacuations of the bowels, loathing, subsequent inclination to vomit, creeping chilliness, after a walk he is obliged to lie down.
  19. Disagreeable sensation of hunger, and emptiness in the stomach, without, however, much appetite.
  20. After having eaten potatoes, the stomach aches, sick feeling, nausea, and then colic.
  21. Heartburn after supper, after drinking water, with profuse discharge of water from the mouth.
  22. Pain in the stomach after dinner, oppression.
  23. After an evacuation, and during the time of digestion he experiences a sense of scraping in the stomach and mouth.
  24. Liver painful and sensitive, stitches in the right hypochondriac region when standing, disappearing when sitting.
  25. Painful distension of the abd. at night, which prevents her sleeping, with retention of st.
  26. After dinner much distension of abd.
  27. Distension and rumbling of abd. without passage of flatus.
  28. Loud emission of flatulence.
  29. Flatulent colic.
  30. Inguinal hernia.
  31. Feeling of weakness in the bladder and genital organs, urging to urinate.
  32. Urine voided only when straining at stool ; cannot void it any other time.

**Remarks :** **Alumina** has been eminently successful in constipation from a dry and constricted condition of the rectum, or from deficiency of its peristaltic action. In some cases of constipation we have the singular symptom of the first portion of the stool being liquid, and the subsequent portions hard and looking as if burnt ; this is due to the liquid stool in the upper part of the colon being pressed down by the efforts of the abdominal muscles, and causing them to insinuate between the hard fæces and the wall of the rectum, and then passing out ; in such cases, **alumina** is indicated and proves successful. In diarrhœa, where even the thin stool can be passed only by straining of the abdominal muscles, **alumina** will be found useful. So far as we know it has not yet been tried in dysentery. Cases of dysentery are met in which the urine is passed only during stool and never at any other time. In such cases **alumina** is likely to be useful.

*(To be Continued).*

## Gleanings from Contemporary Literature.

### A REVIEW OF THE CHIEF POINTS OF RESEMBLANCE IN THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *ACONITE, BELLADONNA, OPIUM, HYOSCYAMUS,* *STRAMONIUM, GELSEMIUM, CONIUM, CANNABIS* *IND. AND SAT., AGARICUS, AND GLONOIN.\**

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DURING the last few weeks of this session, I have drawn your attention to the physiological action and therapeutic uses of *aconite, belladonna, opium, hyoscyamus, stramonium, cannabis indica* and *sativa, gelsemium, conium, agaricus*, and *glonoin*, substances the chief sphere of whose action is on the cerebro-spinal system.

In the instance of *aconite* and *glonoin*, the circulation is directly disturbed before the effects of disordered nerve function become apparent; but in the remainder, either the brain or spinal cord is, as I have shown you, primarily affected.

Such being the case, the disturbances created by each are more or less alike, and consequently all are indicated as remedies in very much the same forms of disease. But, as I have frequently insisted, it is nevertheless a matter of considerable importance which you prescribe in a given instance. As we have gone along, I have endeavoured to point out the circumstances which should guide you in your selection, in your preference for one or other. It is for cases that you have ultimately to prescribe, rather than for diseases. The differences between both diseases and medicines are expressed by the symptoms. Hence it is of the utmost importance that you should have a clear conception of the different modes in which these drugs show their analogy to diseases which are nosologically the same.

I have thought that by reviewing the morbid states which these remedies simulate in their action upon the healthy body together, I might perhaps make these *differentiæ* clearer to you, and impress them more emphatically upon your memories.

In carrying out my purpose, I shall first bring before you the febrile conditions reflected.

Of the twelve remedies we have to consider, only four can be said to excite anything of a febrile state; these are *aconite, belladonna, hyoscyamus* and *gelsemium*, while of these *aconite* alone produces a thoroughly well marked sthenic pyrexia. That to which *belladonna* gives rise is much less active, and more purely sympathetic than is that of *aconite*; while the febrile excitement of *hyoscyamus*, though like that of *belladonna*, is less pronounced—so much less so, indeed, that the phenomena marking it are almost too transient to allow of our speaking of them as fever. One of the chief distinctions between a *belladonna* poisoning and one produced by *hyoscyamus*, is that with the former febrile excitement is fairly developed, with the latter it is but very slightly expressed. The fever produced by *gelsemium*, again, is not sthenic and continuous, neither is it truly sympathetic, but distinctly remittent in its type.

\* A Lecture delivered at the London School of Homœopathy, November 14th, 1881.

To carry our distinctions a step further—the fever of *aconite* is well marked in all its stages. The chill and rigors are unmistakable, the skin is hot and dry, the thirst is great, pulse quick and hard, and the process terminates in perspiration. Another marked feature in the action of *aconite* here, is the great restlessness it gives rise to, the tossing to and fro, and at the same time the great anxiety and impatience which are present. Moreover, evidence is generally found in a slight degree of the inflammatory process having been set agoing in some organ or tissue.

Compare this state with the fever of *belladonna*, and we find that in the latter, the chill and rigors, instead of being severe, are quite the reverse; they are comparatively slight but the heat is very great; thirst is much less marked than in the fever of *aconite*, and the sweating which follows is but slight. Neither do we find the restlessness, impatience, and anxiety which we meet with in cases where *aconite* is useful. The nervous excitement is altogether of a different type, and tends rather to delirium.

In *hyoscyamus*, again, the slight fever which it produces is chiefly marked by the profuse sweating which succeeds a faint chill, followed by a slight increase of heat.

*Gelsemium*, as I have already observed, differs entirely from the previous three drugs in the kind of fever it produces—this being essentially one of a remittent character. The initiatory chill is considerable, and is followed by heat, or rather flushes of heat, with prickings in the skin, and this again by profuse perspiration with great prostration.

We have, then, in these drugs, illustrations of fully developed sthenic fever, such as ushers in most inflammations of internal organs; of the sympathetic fever accompanying some congestions—well defined in its character; of a faintly marked fever of a similar type, and of one of the many forms assumed by intermittent or remittent fever.

We come now to the direct influence they have upon sleep. This influence is especially marked in *aconite*, *belladonna*, *opium*, and *hyoscyamus*.

By *aconite*, the sleep is disturbed, light and very restless. Dreams abound of an anxious, worrying, and puzzling character. It resembles the sleep of a person who retires to bed somewhat feverish and excited. Its chief characteristics are the lightness of the slumber, and the restlessness of the patient. *Belladonna*, on the other hand, produces a condition in which, while sleep occurs, it is frequently interrupted by sudden startings, the patient wakes with a scream, and in a fright. There is not actual insomnia at first, but a disturbed, excited sleep, such as is often seen in teething children when cerebral congestion is threatening.

In *opium*, again, we find as the primary effect a condition of well marked insomnia, the symptoms of which suggest it in cases where the patient feels a desire to sleep, but cannot get any; he is not wide awake, without any inclination for sleep, but he is sleepy without being able to obtain any; getting off to sleep after a time, he is in a few minutes awake by the least noise. Short naps are also crowded by dreams of a more or less horrible and alarming character. When, on the other hand, the full effects of *opium* have occurred as shown, when complete congestion has been set up, the sleep is heavy and snoring, the patient cannot be aroused save with difficulty. The dreams are yet more vivid and frightful. Such a sleep as this is generally followed by severe headache of a pressive character.

*Hyoscyamus* gives rise to a kind of sleep very much like that of *opium*, and one, in some points, resembling that of *belladonna*. The sleep here is obtained fairly readily, but it is restless and frequently interrupted by dreams of a frightening character, causing the person to start. It is a restless, excited sleep. Both *opium* and *hyoscyamus* are often indicated in the restless, partial insomnia, due to excessive mental activity; the decision as to which is to be administered will depend upon concomitant symptoms.

*Cat. par. opium* will be more suitable in persons of a somewhat lethargic habit, while *hyoscyamus* is indicated where the aptitude for excitement is greater. Lastly, *opium* is required where the tendency to sleep heavily is the distinguishing feature of the case—where heaviness and oppression are conspicuous.

Headache is a prominent symptom of the pathogenesis of all the drugs I have brought before you. In all the pain is dependent on the existence of more or less cerebral blood stasis. It varies in degree of intensity, and manifests itself differently in each.

The headache of *aconite* is marked by a confused and muddled sensation, with heat and throbbing at the temples. A pressive and contractive-like pain in the upper part of the forehead, increased by light and noise, is characteristic of *aconite*. It is, in short, the sort of headache which ushers in a sharp febrile attack of a sthenic type. There is little or no delirium with it, but there is a distinct, though not severely, increased blood pressure in the brain.

With *belladonna*, on the other hand, the presence of congestion is very decided. There is a sense of pressure over the entire head, though it is mostly felt in the forehead, and involves the eyeballs, which are heavy and painful. Further, dizziness and vertigo are especially prominent, so much so as to lead to staggering. Every movement increases the pain; anything but a dull light is unendurable. The closeness of a room increases it, while fresh air gives relief. It is often, too, attended by a flushed, swollen face—a very characteristic symptom of *belladonna*. When severe, this headache will be followed by a mild form of delirium; the patient talks irrationally, tries to get out of bed, when it is necessary for him to remain there. But whether with or without delirium, the *belladonna* headache is commonly followed by confusion.

*Belladonna* is thus *par excellence* the remedy in congestive headache of the type ordinarily met with, where the circulation is slightly, but not seriously increased. The headache produced by *hyoscyamus* is somewhat like that of *belladonna*, but yet differs from it in a few particulars. The pain, chiefly felt in the forehead, is pressive and stupefying, is felt also in the eyeballs, and renders vision indistinct. There is a great deal of vertigo and confusion, and some faintness, with a feeling as if a tight band were around the head. But there is not much heat, little or no flushing of the face—which, on the contrary, is usually pale—and little or no excitement of the circulation. Following the headache is delirium, characterised by obscene acts and words, and in some instances by a greater degree of violence than that which marks the action of *belladonna*.

*Cannabis indica* gives rise to a severe headache, chiefly in the forehead and occiput. The pain in the latter situation is of a stunning character, and gives the sensation of something rushing from the occiput to the forehead. At the same time, there is considerable vertigo, and sense of swimming, aggravated by motion. This, too, is a headache, followed by delirium, with visions at first gorgeous, and then horrible in the extreme.

The headache of *stramonium* is expressed by a sense of fullness, as though the head would burst, associated with a stupid dull feeling, and producing a perfect indifference to anything and every one around. This form of headache often terminates in a weakness of memory. The headache which precedes the delirium so characteristic of *stramonium* is more distinctly of the congestive type, and marked by giddiness, flushed face, a brilliant eye, incoherence, and unconnected chattering.

In *opium*, we have a headache of the intensely congestive order. There is a feeling as of a rush of blood to the head, with vertigo, a sense of weight and pressure referred to the forehead and occiput. With it we have drowsiness, incapacity for grasping even common-place ideas, a total

loss of interest in all that is going on. The headache here does not tend to delirium, but rather to coma. It is essentially the headache of the apoplectic subject.

*Glonoin* also produces a headache of the purely congestive order. The seats of pain are pre-eminently the vertex and the occiput, where the pain is throbbing and oppressive, and extends thence to the temples and forehead. There is great heat in the head, a flushed face, with palpitation of the heart, and a sick, faint feeling is referred to the stomach. This headache is remarkably increased by movement—shaking of the head, or jarring of the foot, or noise, aggravate it greatly—but it is not associated with any delirium.

The headache of *gelsemium* is in some respects like that of *glonoin*, but the throbbing is much less intense. The forehead and occiput are the parts chiefly affected by the pain. In the occiput the pain is throbbing, dull, and heavy, and there is at the same time a sense of numbness. It is increased by movement, is worse on stooping and towards evening. There is here, as when *hyoscyamus* has been taken, a sense of tightness around the head, vertigo, with a tendency to stagger. The frontal headache is associated with indistinctness of vision, and a loss of power in the orbicular muscles. The pain here is pressive, stitch-like, and shooting, not throbbing as in the occiput.

The headache of *gelsemium* is not associated with either loss of consciousness or delirium. It is indeed more of the neuralgic type of headache than one of simple congestion, like that of *belladonna* or *opium*.

*Agaricus* gives rise to a headache of the neuralgic type. Together with a sense of confusion and vertigo, we have pains in the head, as if cold needles were pricking the part affected, pain like the boring of a nail in the right side of the head, described as boring, tearing, crump-like, and sometimes throbbing. As showing still more clearly the neuralgic character of the headache, these pains are confined to certain spots in the head; they do not radiate over the whole of it, but are met with in one person in one part, in another in another. Moreover, this headache is associated with considerable exhaustion, and also with twitching pains in the muscles of the extremities.

*Conium* also produces a headache of a nervous character. The pain is described as pressive, squeezing, and is felt chiefly at the top of the head and in the forehead. It is most marked on the right side of the forehead, and when, as sometimes occurs, it occupies the occiput, it is mostly to the left.

How markedly the headaches of these several drugs differ from one another will now be apparent. To summarise our analysis still further, I might add, that *aconite* represents the febrile type of headache, *hyoscyamus* that of a certain degree of congestion, *belladonna*, *glonoin*, *cannabis*, and *stramonium*, represent a more intense degree of the same condition; while in *opium* you have it produced to an extent culminating in coma. In some the pain is felt throughout the head; in others, it is most marked in one portion of it. Again, in *gelsemium*, *agaricus*, and *conium*, you have drugs giving rise to a headache such as is commonly termed neuralgic.

In practice, these differences are of the utmost importance; not only must the pathological condition be recognised, but the manner in which it displays itself, and the general condition of health with which it is associated.

From headache we pass to consider the variations in the character of the delirium produced by some of these drugs.

Those in which delirium occurs are *belladonna*, *opium*, *hyoscyamus*, *cannabis indica*, *stramonium*, and *agaricus*. Under the influence of *belladonna* the patient is completely lost to all that is going on around him; he takes not the slightest notice of anyone or anything, unless address-

ed in a loud tone of voice, and then he stares vacantly at the person so speaking to him, and relapses into his state of apathy. During this state he is busy and restless; is either apparently engaged in pursuing his ordinary avocation or is grasping at imaginary objects; he has very vivid hallucinations, seeing cockroaches and the like. Again, it is of the sort called "meddlesome;" the patient picks at and handles imaginary objects in the air, muttering or smiling or chattering the while.

When *hyoscyamus* has given rise to delirium, it is one which, in its early stages, is controlled with comparative ease. There is a good deal of muttering and lack of comprehension; to all questions he answers simply "yes" or "no." There is not the absolute indifference or unconsciousness of *belladonna*; replies are made, but they are simply "yes" or "no." He clutches with his hands at imaginary objects, picks at the bedclothes. Again, his movements are sudden, he strikes out at his attendants, or tries to bite; all is done rapidly, as if from some sudden impulse. He becomes excited, and talks incessantly on a variety of absurd topics, sings, laughs, and frequently does or says obscene things.

In *opium* poisoning, the delirium is marked by incessant chattering, great irritability and much excitement, which is presently succeeded by deep melancholy. During the various phases of this delirium, the person exhibits great fear; he sees, or rather thinks he sees, ghosts, frightful animals and other alarming objects; all too real to his frenzied brain, and hence his terrors, his restlessness, and, so far, his sleeplessness.

In the delirium of *stramonium*, we see the sense of terror very great indeed. The hallucinations are alarming, and have a reality about them, impelling the patient to fight his way out of the reach of his imaginary enemies, thus leading to the display of great violence. It is a delirium that is sudden in its onset and marked by shouting, screaming, gesticulating, laughing, and immoderate and incoherent talking. In the milder form of the *stramonium* delirium, the hallucinations are like those of *opium*—insects crawling, and so forth. The excitement is, however, greater and more violent than that which marks the *opium* delirium.

*Cannabis indica* produces a delirium, of which immensity is as good a definition as any other. Minutes appear hours, yards miles. Everything surrounding the patient is grand. A hovel is a palace, a beggar a millionaire. On the other hand, spectres of the most horrible and revolting appearance are among the hallucinations. Moreover, in the *cannabis* delirium, an idea possesses the mind that the person has a double existence—one is being pursued, while the other is looking on.

In short, the delirium of *cannabis* seems more like that of some kinds of mania, than the form of mental disturbance met with in acute disease. But there are cases of delirium tremens in which the kind of delirium is very like that of *cannabis*. As you will have observed, it is totally different to either of the other forms to which I have referred.

In *agaveus*, the delusions which mark its delirium represent grandeur and importance, in the first instance. The patient is cheerful and good humoured, and chatters a good deal of incoherent nonsense. Throughout the muscles of the extremities tremble. Presently excitement increases, and reaches its highest point in screaming and raving—to be shortly followed by confusion, prostration, and stupefaction.

We observe, then, such leading points of difference as the following between these several drugs in the kind of delirium they excite. In that of *belladonna*, the manifestations of restless excitement are passed amid a state of perfect unconsciousness, and attended by some excitement of the circulation. That of *hyoscyamus* is accompanied by little or no fever, is noisy, the violence of the patient is manifested suddenly. That of *opium* is characterised by irritability and fear. That of *stramonium* by intense



terror and violence and shouting. That of *cannabis* by visions of grandeur on the one hand, and horror on the other, but without violence. That of *agaricus* by cheerfulness at first, incoherence in speech, then excitement, and finally stupefaction.

The consideration of the delirium produced by these medicines is separated by but a narrow line from the condition of mania. It is, however, only in three of the half-dozen I have just referred to that mania can safely be said to be one of the established effects. These are *belladonna*, *hyoscyamus* and *stramonium*.

The *belladonna* maniac has a wild, fierce look, the eyes sparkling, and the pupils are widely dilated; the face is red and swollen, the pulse full, hard and quick. He is quarrelsome in his violence, and yet exhibits some considerable sense of fear. He makes sundry efforts to bite and strike those around him. He is sleepless; and also incoherent in his talk. The circulation is always excited, it will be remembered, in cases to which *belladonna* is homœopathic.

*Stramonium* produces a condition resembling mania in the passionate violence it excites. The pupils are fixed and dilated, the person starts with great suddenness as if in terror, shrieks and screams and makes rapid and energetic movements in efforts to carry out a destructive purpose.

*Hyoscyamus* produces a kind of mania of a totally different type. With no small degree of violence, in the manifestation of which considerable cunning is exhibited, the patient runs about dancing and grasping at objects real and imaginary. He is quarrelsome, and attempts to bite and scratch. His conversation, incoherent as it often is, is obscene. There is little or no excitement of the circulation, the face is pale, the pulse rapid but small, the pupils dilated.

The essential points to be noted here, as compared with *belladonna* and *stramonium*, are the nerve exhaustion rather than exaltation, which is typified, associated with a comparatively feeble condition of the circulation.

I have, in going through these medicines, pointed out the similarity of the convulsive movements some of them excite to those which characterise a fit of epilepsy or an attack of tetanus or chorea.

*Belladonna*, indeed, gives rise to conditions simulating all three disorders in certain instances. During the unconsciousness to which it gives rise, convulsions occur resembling those of epilepsy. The limbs contract spasmodically, and the face is swollen and somewhat livid.

Then, without unconsciousness, we find among the phenomena of *belladonna* poisoning spasmodic twitchings of the muscles of the face, and extremities, with headache and confusion—herein resembling chorea.

But beyond the choric spasm of epilepsy and chorea, *belladonna* produces a spasm like that of trismus; the jaws are rigidly closed, the face is red and swollen, the muscles of the spine and the extremities are rigid.

*Hyoscyamus* produces a convulsive action somewhat like that observed in epilepsy and also in chorea. The muscular spasms are scarcely so violent as are those produced by *belladonna*. The muscles of the face twitch and jerk; there is a good deal of frothing of the mouth; and the spasms are often of a somewhat tonic character. The hands, for example, grasp anything that may happen to be in them with great force and rigidity for some time. The distinction to be observed in deciding between *belladonna* and *hyoscyamus* as medicines to be given in convulsions—and both have their place in the treatment of acute epilepsy or eclampsia—are to be found in the force of the convulsion, which is greater in *belladonna* than in *hyoscyamus*, in the excitement of the circulation, which is also greater in *belladonna*, and in the character of the delirium, the difference of which I have just pointed out. In chorea, *hyoscyamus* is less often indicated than is *belladonna*.

The convulsions which mark a case of *stramonium* poisoning resemble those of one of chorea more than either of the drugs under consideration, except *agarius*, with which I will compare it.

The chorea-like spasm of *stramonium* comes on suddenly, just as does the delirium it excites. The jerking movements are rapid and frequent, and proceed from muscles in all parts of the body—face, mouth, back, shoulders, and extremities; the tongue is also affected, and suddenly jerked forward now and again; curious noises are frequently made.

In *agarius*, these twitchings are mostly remarked in the face and extremities; the cerebral symptoms noted as occurring in *stramonium* are not present, but simply twitching and jerking of different groups of muscles, now in one limb, now in another. But at the same time there is considerable nervous exhaustion. In *stramonium* cases there is excitement, in those indicating *agarius* nervous depression.

*Stramonium* is useful almost exclusively in recent cases. *Agarius* in such as are more or less free from cerebral excitement.

It must be remembered that *aconite* produces a tetanic-like state, to a limited extent at any rate, a degree indicating its utility in tetanic states which have been excited by cold.

The cerebral apoplectic state is the result of poisoning by *belladonna*, *opium*, *hyoscyamus*, and *glonoin*.

The symptoms of apoplexy which call for *opium* may be summarised as follows: the patient is comatose and snoring, his face swollen and bloated-looking, red or livid in colour, the pupils are contracted and insensible to light, the breathing is stertorous, the surface cold, and the pulse full, and heavy, and slow, or quick, small and feeble. In proportion as the coma is great, the pupils contracted and insensible, is *opium* indicated here.

In *belladonna* poisoning there is coma, but scarcely so heavy and complete as in that from *opium*. The eyes are closed, the pupils dilated, the jaws fixed, the hands and feet cold, the pulse hardly perceptible, the respiration heavy and stertorous. So far the distinction to be drawn between the indications for *opium* and *belladonna* appear faint, and are to be gathered rather from other symptoms than those which directly refer to the brain. The patient in whom *belladonna* is the best remedy is a mere excitable person. He is usually younger. The attack is the result of a mere acute congestion of the cerebral vessels. In cases calling for *opium* the stupor is more complete. There have been premonitory symptoms of the approach of the attack for a greater length of time, and the patient is of a more plethoric habit.

In cases where you will be called upon to prescribe *hyoscyamus*, the apoplectic symptoms are those which are due rather to the complete rupture of new fibres that have for some time been gradually disintegrating. The patient is unconscious: the pulse is small, thready, and rapid; the respiration is stertorous and difficult, but this rather from spasms of the pectoral muscle than from cerebral blood stasis: the body is cold, and there is a good deal of muscular rigidity; the pupils are dilated, and the conjunctivæ injected.

The apoplexy in which *glonoin* should be given is one where the blood stasis, which has occurred in the brain, is contingent upon an hypertrophied heart. The suddenness of the attack and the violence of the heart's action will direct you to the choice of this medicine in preference to others.

*Belladonna* and *opium* are indicated in apoplexies dependent upon direct cerebral congestion; *hyoscyamus* when the apoplectic condition is traceable to *ramollissement cerebri*; and *glonoin* when an hypertrophied heart is the main source of the apoplectic condition.

In paralysis, the result whether of a distinct apoplexy or that which follows a *ramollissement cerebri*, there does not seem to be much scope for

medicinal action in promoting recovery of power. Nevertheless, the irritation in the injured part, which, if unsubdued, tends to keep up the paresis, may unquestionably be held in check by appropriate remedies. Of such we have considered two or three.

*Belladonna* is the most useful when headaches of the type I have already described are present, together with a weight and sense of inactivity in the limbs. It is, however, less in the paralysis of cerebral than that of spinal origin in which this medicine is indicated, and in which it has been found most useful. Thus, in the paralysis of locomotor ataxy, when the power of will over the muscles is diminished, when the movements, such as they are, are irregular, staggering, jerky, when muscular co-ordination is lacking, and when at the same time you have such symptoms as incontinence of urine, injected conjunctivæ, pupils varying in size, and the like—here *belladonna* will often do service.

*Gelsemium* is in some points, not unlike *belladonna* in relation to paralysis. It is, however, in spinal paralysis alone that we have any reason for using it. It gives rise to no loss of consciousness, no true cerebral apoplexy; but the spinal cord is, by it, undoubtedly congested. Complete motor paralysis is a well ascertained result of *gelsemium*. Given, then, a case of motor paralysis of the limbs, or of the sphincter vesicæ, or both, with burning in the spinal column and tingling in the extremities, and you will find *gelsemium* of more use than *belladonna*.

The paralysis in which *coniwm* effects some good, perchance not much, yet more than any other drug, is that where softening is the cause of paralysis in elderly people. Where, with loss of motor power, you find an enfeebled memory, a weakened intellect, you may, with *coniwm*, do something to relieve and tone the nerve debility which has been engendered by long continued wear and tear.

There is one form of paralysis, and that a purely local one, which I ought not to omit the mention of. I refer to facial paralysis—that induced by cold—in which *aconite* is an admirable remedy. A paralysis which can be secured by driving in a low state of health, in an open carriage on a cold, snowy night, when the temperature of the atmosphere is low, and its degree of moisture high. Here, *aconite* will restore nerve power more surely than all the brandy and water that was ever mixed.

Of the medicines I have brought before you, four have a direct influence on certain cases of neuralgia. Each is, as you will see, indicated in cases markedly differing the one from the other.

The neuralgic pain produced by *aconite* is shooting and darting in character, is felt especially in the right supraorbital ridge, extends upwards over the scalp, and laterally to the temple and cheek of that side, passing into one or two teeth. At the same time the cheeks are hot, the pain is felt most severely during the evening, and is increased by any pressure exerted on the part. It is a neuralgia which is in all particulars acute, generally the result of a chill, and ushered in with rigors and some excitement of the circulation.

*Belladonna* is homœopathic to a neuralgia which is clearly dependent on congestion or hyperæmia. The face is burning, swollen and flushed. The pain is hot and darting in character, and takes the direction of the fibres of the fifth pair. Unlike that form cured by *aconite*, it is not necessarily an acute disease: on the contrary, chronic neuralgias of the face, associated with well marked hyperæmia, have not unfrequently been permanently relieved by it. The *belladonna* neuralgia, too, is generally remarked as being worse at night, and occurs most frequently in plethoric persons.

*Gelsemium* is indicated in neuralgia affecting nerves in divers parts of the body. The pains are sudden, acute and darting. They resemble electric shocks, and after passing off, leave a line of tenderness in their

track. It is a neuralgia totally different from that to which *aconite* and *belladonna* are homœopathic; and resembles that which sometimes forms one of the *reliquiæ* of a depressing fever or other acute illness.

The neuralgia to which *agaricus* is homœopathic differs from either of the three I have noticed. There is a good deal of erethism. The pains are like the effects of fine splinters driven into the muscles and cheeks. They do not appear along the whole track of the nerves, but, as it were, in individual points of it. They are sudden and sharp—are felt sometimes on one and sometimes on the other side of the face, which is hot and puffy; and very generally there is, in addition to the pain, a constant jerking irritation and twitching in the muscles.

The pathogenetic actions of the medicine I have been dwelling on resemble one another in several other morbid states, but I have time only to refer to two.

The cough produced by *belladonna* is mostly dry, the expectoration being scanty. It is paroxysmal, provoked by tickling in the larynx; comes on early in the evening, or when lying down in bed, the larynx feels sore and the chest somewhat oppressed. In plethoric persons it is often indicated in congestion of the lungs, more especially when head symptoms are present, and there are much heat and burning in the face.

*Hyoscyamus* gives rise to an irritable nervous cough, with a good deal of mucus in the throat, which comes on after a person has fallen asleep, and awakes him. It is relieved on sitting up, but recurs when lying down again. There is little or no expectoration attending it, neither is there any reason to suppose that there is any hyperæmic condition of the mucous membrane of the larynx or trachea as its cause—but that it is the result of simple nerve irritation.

The cough of *conium* is hard, dry, and tickling, and is felt especially when lying down at night.

The cough produced and relieved by *agaricus* is much more irritating than that caused by either of the drugs I have noticed. There is a sense of constriction in the larynx, which gives rise to a series of irritating paroxysms of cough, which are easily suppressed by an effort of the will, but are otherwise incessant. It is a spasmodic cough, frequently wakes the person out of sleep, producing at the same time a great deal of breathlessness.

In conclusion, I will briefly compare the action of *belladonna*, *opium*, *hyoscyamus*, and *cannabis* on the bladder.

*Belladonna* gives rise to a certain degree of strangury, with some retention, passing ultimately to incontinence.

*Opium* produces complete retention of urine, proceeding from paralysis of the fundus.

*Hyoscyamus* excites great irritation at the neck of the bladder, causing frequent micturition, especially at night, as often happens in an irritated and enlarged prostate.

*Cannabis* sets up a well marked inflammatory state of the neck of the bladder, and of the urethral mucous membrane, as indicated by a constant desire to pass water and the passage of urine in small quantities with considerable pain.

You will find, gentlemen, that, by studying drug symptomatology in this comparative manner—by taking, as I have endeavoured to do this afternoon, several drugs having a more or less analogous action, and noting the points in which their action, similar as it *en gros*, differs *en detail*—you will greatly add to the facility and efficiency with which you can select your remedies in the treatment of disease.—*The Monthly Homœopathic Review*, Dec. 1, 1881.

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**THE RECENT RESOLUTION OF THE ROYAL  
COLLEGE OF PHYSICIANS, AND  
ITS BEARINGS.**

BUT for the report of the proceedings of the meeting at which the resolution was passed we could not have known the motive which had induced the College to pass such a resolution, nor the real import of the resolution itself.

The resolution, as ultimately passed, consists of three distinct parts. In the first, the College wisely "thinks it desirable not to fetter the action of the fellows, members, and licentiates, with reference to any opinions they may adopt." In the second, "it nevertheless expresses its opinion that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity which should govern the relations of its members to each other and to the public." In the third, and last part, "the College, therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations."

We have resolved into its component parts, this celebrated resolution of a celebrated examining and licensing medical body of England, in order that we may the better comprehend the significance of each part and of the whole, and the logical connection the parts bear to each other and to the whole.

Our readers will remember that the first part of the Resolution ~~is that which~~ was added by Dr. Priestley to the original resolution of Dr. Wilks. The addition was made evidently with a view to soften the resolution as much as possible. Dr. Priestley, who thought the really important part of Dr. Wilks's resolution was the clause containing the word "trade," must have felt that the College was arrogating too much authority to itself, and therefore suggested the insertion of the words in question to save the College from the bad name of being intolerant, or to enable it to cheaply earn the good name of extending toleration and freedom to its members, fellows and licentiates. The readiness with which the suggestion was adopted shows that the Fellows, who were being led into dangerous ground by Dr. Wilks, must have felt the great relief the suggestion brought them. Sir William Gull had said the proper thing when he urged that "the question should be discussed only *intra muros*, and that no resolution should be published," and it would have been well for the College if this had been done. But notwithstanding that his instincts counselled the proper thing, Sir William was carried headlong along the stream of bigotry, and he is reported to have at last said, "it should go forth to the profession, however, that the College could not trifle with a system that was false."

Dr. Priestley's addition would have had its desired effect, if it were in the power of the College to fetter the action of its fellows, members and licentiates. The medical examining bodies in Great Britain were not slow to recognise in the introduction of Homœopathy a most dangerous enemy to orthodoxy, and it was attempted to extinguish the dangerous heresy in the bud by requiring of candidates who presented themselves for examination for their diplomas something like an oath that they shall never adopt the absurd tenets of homœopathy, and by refusing to grant licenses to those who were known to have homœopathic proclivities, and who would not so bind themselves. The sister college in Edinburgh did actually refuse its diploma to one, who in spite of the college has flourished as a distinguished physician in London, and an ardent advocate of the new doctrine. The Parliament of England saw in this intolerant spirit a serious danger to freedom in medicine, and consequently a most effective obstacle to progress in a science which required the utmost freedom for its cultivation and advancement, and accordingly it made it imperative upon all medical examining bodies to grant their diplomas to every body irrespective of his opinions, forbidding them to require of candidates to adopt or to refrain from adopting the practice of any particular theory of medicine or surgery.

Thus the "desire" of the Royal College of Physicians of London not to fetter the action of its fellows, members, and

licentiates, is a misnomer. It was not a desire that arose spontaneously, out of an enlightened regard for freedom in science, but it was simply an expression to mask the real desire. It was, as we have said, suggested by a member, to enable the College to put on an appearance of toleration while perpetrating a most intolerant piece of bigotry, and thus to save it from committing an anachronistic blunder, which would have rendered the College a laughing stock in these latter days of the nineteenth century. So much for the "desire," which is transparently any thing but what it pretends to be, and an expression of which falls flat of the object it was intended to represent, and merely proves the impotency of the College to carry out its real desire.

The second part of the resolution deals with a most important question of professional ethics. It enunciates a principle which is well worthy of the most serious consideration. This principle is the maintenance of "those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public." We are not told what these principles of freedom and dignity of the *profession* are. We are simply told they are such as should govern the relations of the members of the profession to each other and to the public. Evidently these principles are understood to belong to the profession as a whole, apart from what belongs to the members as individuals. At least, this is what one would infer from the remarks made by Dr. Wilson Fox, all which turned upon the liberty of the profession as upon a pivot. Dr. Fox "concurred in the fact that it is absolutely right and proper for each to practise as he pleases; but such right does not apply as against the whole profession." Now we must confess, we do not understand what is meant by *freedom* of the profession, apart from the freedom of each individual member to practise as he, in reason and conscience, thinks best for his patient. If any other freedom than this individual freedom is meant, it cannot be the freedom of the whole profession, but only of the majority; and such freedom presupposes the existence of a mode, or several modes of treatment, which happen to be in vogue, that is, adopted by this majority. Logically, therefore, the absolute right of individual members of the profession to practise as each of them pleases can never be uniformly in consonance with the freedom of the profession as a whole, as understood by the College of Physicians of London.

The freedom of the profession, so understood, can only mean the authority of the majority in the name of the whole profession to impose restrictions upon individual liberty, in other words, it can only mean tyranny of the profession upon members whom reason and conscience may compel to adopt any other than the prevailing



modes of treatment. If this is the meaning of the freedom of the profession, and if these are its legitimate consequences, then the sooner such freedom ceases, the sooner it is ignored, the better for the progress of medicine. The only freedom of the profession admissible in our humble opinion, is that based upon the right and freedom of each individual member to adopt whatever line of treatment he may think fit for his patients. Such freedom should never be allowed to be interfered with.

Adopting this last definition of freedom of the profession, let us see what effect "the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment," has or can have upon such freedom. This freedom allows, because it is identical with, the freedom of individual members to adopt any mode of treatment, which necessarily includes special modes of treatment. Therefore, the simple adoption of special modes of treatment, being but an exercise of that freedom, cannot interfere with it, and can never be opposed to it. Does it make a difference if in addition to adopting a special mode of treatment, one assumes or accepts a designation implying or expressive of such adoption? The whole question turns upon the answer to this last question, and we must endeavour to find out the right answer.

When one adopts a special mode of treatment in preference to others, he does it from a conviction of its superiority over them, and the simple fact of this adoption shows his conviction. The acceptance or assumption of special designations indicative of such adoption shows the same thing, only it does it in a more clear manner and to a wider circle. So far the difference lies in favor of the person who adopts special modes of treatment and lets people know what his convictions are. One is not only bound to act upon his convictions, but also to declare what those convictions are. Such procedure does not affect the liberty of others to adopt any other mode of treatment.

Even supposing that the special mode of treatment is believed by the person who adopts it as not only superior to all others, but as the only possible rational and scientific mode, as is done by some of the extreme followers of Hahnemann, even then this open and extreme declaration of opinion cannot be said to interfere with the freedom of others. For no member can claim the freedom to adopt any mode of treatment he may deem necessary and fit for his patient unless he accords the same freedom to every other member of the profession, and if he does so, no amount of extreme opinion he may express can really be opposed to such freedom. Such expression of opinion is not only perfectly compatible with freedom, but absolutely necessary for progress in medicine. It is this true freedom of the profession which the

College of Physicians of London is endeavouring to stifle by its recent resolution.

On the score of freedom of the profession then, the assumption or acceptance, by members of the profession of designations, implying the adoption by them of special modes of treatment, cannot be condemned. There remains for us to consider this from the point of view of dignity. Just as in the case of freedom, so in the case of dignity, the obligations must be mutual, and the grand rule whereby to govern professional as indeed all other relations is certainly the old one—"to do unto others as we would they should do unto us." But here, we must remember, we have a divided duty to perform,—duty to patients, that is to say, to humanity, and duty to our professional brethren. While the interests of our patients absolutely demand an uncompromising expression of our convictions regarding modes of treatment, the interests of our professional brethren require that we should not compromise or injure them. True professional dignity consists, in our humble opinion, in reconciling this conflict of duty, which can only be effected by abstaining from all comment upon individual cases, while freely expressing our opinions in a general way. We therefore fail to see how the acceptance of distinctive designations can be opposed to this true dignity.

Thus the second part of the resolution of the College has failed, to make out a case. The adoption of special modes of treatment, and the assumption or acceptance of designations indicative of such adoption, cannot, as we have, we believe, satisfactorily shown, be opposed to the true principles either of professional freedom or of professional dignity. But the College means more than it has expressed in this part of its resolution, and this meaning is fully developed in the third and concluding part, where it speaks of trading in these designations, and which trading it expects its fellows, members, and licentiates to discountenance. The simple assumption or acceptance of distinctive designations, merely to show one's convictions, cannot be trading in those designations; in the case of homœopathy, the suppression of which was the disguised object of this resolution, it has been the very reverse of trading. In the majority of instances the distinctive designation has been assumed simply to bear witness to the truth, and in other instances it has been thrust upon physicians who recognize truth in homœopathy, without believing it to be the ultimatum of medical science. The name is still a reproach with the majority of the profession, and even with the public. To say, therefore, or insinuate, that it is adopted for purposes of trade, is nothing short of misrepresenting fact in the grossest manner, of libelling those who, in the exercise of their just right as physicians, act as their reasons recommend and their con-

sciences command them to do, and of misleading the public in a matter which literally concerns their most vital interests. It is for the public to decide who are really trading in medicine, converting the noblest profession into a trades-union guild,—the orthodox majority, who by force of numbers repel the most glorious reform and the most beneficent discovery, and persecute a small minority for embracing this reform and pioneering this discovery? or this small minority who have been bearing the reproach of their name and suffering professional ostracism for the sake of truth, conscience and humanity? We do not deny there may be trading in designations implying the adoption of special modes of treatment, and wherever there is such we can heartily join the College in our unmitigated condemnation thereof.

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### ACTION OF COFFEE ON THE ORGANISM.\*

The use of Coffee has spread so much in the present day, that it is really important to know its true properties.

The action which this substance exercises upon the organism has been often discussed. The majority of physicians are disposed to admit that coffee stimulates the circulation and provokes the secretion of the gastric mucous membrane, but they have not given proofs in support of this assertion.

The contrary opinion is professed by a certain number of practitioners, and M. Leven, who holds that opinion, has communicated, to the Society of Biology of Paris, the results of experiments which he had made on dogs for the purpose of studying the action of coffee. He calls to mind, in this paper, the observations which he had made some years since on the absorption of Caffeine by frogs, guinea-pigs and rabbits. The extract of coffee retards the movements of the heart, augments the tension of the arteries and dilates the pupils. In certain cases, caffeine has been employed to replace digitaline, the properties of which it possesses, though in a lesser degree.

Here are the latest experiments of M. Leven. He gave to a dog 200 grammes of food (meat), afterwards administered to him an infusion of 36 grammes of coffee in 150 grammes of water. On killing the animal he found that the stomach still contained 145 grammes of food, whereas in identical conditions, in absence of coffee, it does not contain more than 100 grammes. The gastric mucous membrane was pale and the blood vessels strongly contracted. It follows from this that coffee, in determining the anæmia of the stomach, retarded digestion, and that the use of coffee finally brings on dyspepsia.

\* Translated from *Les Mondes*, Jan. 21, 1882.

It is well known, and English physicians have very much insisted upon this point, that excess of coffee and of tea often invites gastralgia, dyspepsia, and at the same time more or less profound disturbance of the nervous apparatus. It is then necessary to distinguish the local anæmia produced on the stomach by coffee from the more general action which it exercises upon the central nervous system, an action which has procured for it the title of an intellectual beverage.

Sugar, according to M. Leven, acts differently and is a substance which is eminently proper for digestion. So he orders it in certain cases of dyspepsia. The following example is cited on this subject. He gave to a dog 80 grammes of sugar and at the same time 200 grammes of food. Six hours after he found only 20 grammes of food undigested, the mucous membrane red and tumid, the liver entirely congested.

The conclusion which appears to follow from these researches is that it is necessary to take coffee very weak, but strongly sweetened with sugar, in order to facilitate the work of digestion. But the taste of consumers is not the same. Some will take coffee strong, some weak; some will drink it excessively sugared, almost like syrup; others, who form the majority, with moderate quantities of sugar. There are others again who will take coffee without any sugar at all,—these call themselves *gourmets* (*connoisseurs*) of coffee. How to reconcile the whole world in view of the results which we have indicated? It does not concern us to decide this question; we have simply wished to give a document capable of enlightening amateurs who will without doubt, in this as in very many other things, make, that is to say, follow their own tastes without occupying themselves with experiments or prescriptions of medicine.

### Acknowledgment.

The Scientific Exposition of Life, Soul and Mind. জীবন আত্মা ও মনের বৈজ্ঞানিক ব্যাখ্যান। Printed by Pandit Nobin Chandra Chakravarti. Bharat Mihir Press. Mymensingh, 1881.

*The Indian Homœopathic Review.* A Monthly Journal of Homœopathy and Collateral Sciences. Edited by B. L. Bhaduri, L. M. S., Vol. I., No. 3., March, 1882.

## TOXICOLOGICAL ACTION AND THERAPEUTIC USES OF KALI CARBONICUM AND NATRUM CARBONICUM.

(Translated and abridged from DR. P. JOUSSET's *Lectures on  
Materia Medica and Therapeutics*, being published in  
*L'Art Medical.*)

### TOXICOLOGY.

*Acute poisoning from very large doses*.—These substances act in the same manner as acids, and their corrosive actions on the mouth, stomach and œsophagus constitute the principal symptoms of poisoning by them.

The symptoms of poisoning begin, immediately after the injection of the alkali, with a sensation of burning and oppression in the mouth, œsophagus, and stomach. The pain is excruciating; it is accompanied with nausea and vomiting, followed by colic and frequent sanguinolent stools, intense hiccup, anxiety, trembling of limbs, and actual convulsions in children. A general coldness extends all over the body, and death occurs after a few hours. But most often the patient recovers from the primary accidents, and succumbs, at the end of a few months, to the consequences of gastritis and inanition caused by the contraction of the stomach.

*Lesions*.—In acute cases a sort of soft gangrene and diffuse *ramollissement* are observed not only in the mucous membrane, but in all the tunics, of the stomach. When death has been more slow we find, in the stomach, ulcerations with a lardaceous condition of its walls, and constriction of the œsophagus. (Tardieu).

When the alkaline carbonates are continued for a long time, in non-caustic doses, they produce slow poisoning. They impoverish the blood, that is to say, diminish the red globules, increase the leucocysts or white corpuscles as well as the serum. The color of the blood becomes changed like the juice of cherries, and the clots lose their firmness and normal elasticity. (Löffler).

The urine is less acid, and if the dose is sufficiently large, it becomes alkaline, and in that case is secreted in greater abundance. The urea diminishes progressively and falls to 23 in 100. From carbonate of potash, this diminution in the quantity of urea continues even a few days after the experiment (Rabuteau).

The temperature falls by a few decimals of a degree, and the pulse becomes soft and feeble.

There exist palor, feebleness, and bodily and intellectual languor. The secretion of the gastric juice is diminished ; which explains the loss of appetite. The bronchial mucus is augmented and made fluid, and this with the property, recognised by Virchow, as belonging to these alkalies, to excite the vibratile ciliated epithelia of the bronchi, explains the favourable action of these salts in the catarrhal affections of the bronchial tubes.

The pathogeneses of *Kali Carbonicum* and of *Natrum Carbonicum* are contained in the *Chronic Diseases* of Hahnemann, and they constitute the longest and obscurest of studies in the whole materia medica. On the other hand, it is a fact that these medicines, especially the first, have been very rarely used, and the clinical experience is as poor on this point as the pathogenesis seems rich. Richard Hughes has only devoted a few lines to these two medicines, and has treated very severely the work of Hahnemann. "If we are to believe" says he, "this pathogenesis (*i. e.* of *kali carbonicum*), we must credit *Kali Carbonicum* with being homœopathic to most of the ills that flesh is heir to" and later on, "*Natrum Carbonicum* is one of those puzzles with which the volumes of the *Chronic Diseases* abound."

On the other hand, in the allopathic school, the experimentation is obscured by chemical prejudices. Thus it explains the opposite action of the alkalies on digestion and on nutrition according as the dose is feeble or strong, because in the first case the alkalies are transformed into chlorides in the stomach in contact with the hydrochloric acid of the gastric juice. "There-to administer the alkalies in small doses is to administer the chlorides." (Rabuteau). Supposing that the alkalies are transformed in reality into chlorides, by the aid of the hydrochloric acid of the economy, it does not follow that we therefore administer the chlorides. We do not render the organism richer in chlorides. We merely take its hydrochloric acid ; but by the fact, that we administer to it potash and soda, and in admitting that they are metamorphosed into chlorides of potash and soda, the economy is not the less alkalinised, if I may say so.

#### THERAPEUTICS.

The *Carbonates of Potassium and Sodium* are useful in the following affections : gout, gravel, diabetes, dyspepsia, liver

complaints, chronic bronchitis, cutaneous affections, and scorbutus. Their action is doubtful in pneumonia and in acute articular rheumatism.

*Gout, Gravel and Diabetes* :—The alkalies render the urine alkaline, excite the secretion of urine, and cause to disappear the sand and gravel of uric acid by means of a purely chemical action, which we might reproduce in a test tube. The uric acid is transformed into a soluble urate of sodium. This is a palliative action, and it might disappear at the end of 24 hours.

*Kali Carbonicum* produces thirst, voracity, excessive weakness and daily somnolence carried to such an extent that the patient falls asleep while eating. These symptoms explain its employment in *diabetes*.

It also induces pain in the articulations and muscles.

These articular pains are either shooting or tearing, and are produced in the hips, knees, wrists, and articulations of the feet.

The muscular pains are tearing pains in the muscles of the legs, of the loins (*lumbago*), of the neck and nape of the neck (*torticolis*).

All these symptoms are aggravated during rest. They are stronger towards three in the morning, obliging the patient to get up from bed. They become more or less calmed during motion.

*Natrum Carbonicum* produces diuresis in a more marked degree. Hahnemann calls attention to it in nocturnal incontinence of urine; the thirst, the continual dryness of the mouth, lips and tongue, the voracious appetite, the emaciation, the excessive weakness, and the somnolence justify the employment of the medicine in *diabetes*.

The tearing and shooting pains produced by carbonate of sodium in the articulations and in the muscles have nothing to distinguish them from those produced by the carbonate of potassium.

Shall we conclude from these data that the alkalies constitute a curative treatment in *gout* and *diabetes*? Certainly not; in large doses, these medicines are only palliatives, and if they have effected a few permanent cures it is when they have been administered in the shape of alkaline waters such as Vals, Vichy, Ems, Royat, Pougues, &c. It is right to attribute the cure to the chlorides, the arsenic, and the other substances which those waters contain.

With regard to homœopathic therapeutics, it has not furnished us any information on this point, because these medicines are rarely employed by the pupils of Hahnemann.

*Affections of the liver, and dyspepsia.*—The treatment of dyspepsia, and affections of the liver by the alkaline waters is classical. Do the Kali and Natrum Carbonicum offer in their pathogeneses any justification for their employment in those affections?

We find in the history of *Kali Carbonicum*, risings and acid regurgitations from the stomach, nausea, distaste for food, and also vomiting of food, acids, and bile. The heaviness in the stomach is very marked; it is accompanied by dyspnoea and great depression of spirits. The stomach seems to be full of water.

The pain in the stomach is specially spasmodic and constrictive, with pressing in the throat, embarrassment of the respiration, anxiety, and perspiration. They are relieved by eructations, and sometimes by walking.

Hahnemann also noticed the following symptoms of *Natrum Carbonicum*: throbbing in the epigastric region, shooting and burning in the stomach, somnolence after and also during a meal. This last medicine however presents nothing special in its gastric symptoms.

*Scorbutus.*—Hammont relates the history of several cases of scurvy cured by the bitartrate of potash; and Garrod, guided by a chemical theory, recommends strongly the potash salts in the treatment of scurvy. The action of the alkalies on the globules of the blood explains sufficiently this curative action, without the necessity of having recourse to the chemical explanation. The alkalies in higher doses dissolve the blood globules. The law of similitude tells us that they should reconstitute them in small doses. The excessive feebleness and frequent faintings related in the pathogeneses of *Kali and Natrum Carbonicum* are most homœopathic to scorbutus.

*Chronic Catarrh of the Bronchi.*—The two schools agree in regarding the alkalies as medicines most favourable in the treatment of chronic bronchial catarrh. The property of these medicines to excite an abundant secretion from the bronchial mucous tracts, justifies their employment in the homœopathic treatment of chronic bronchitis.

The pathogenesis of Hahnemann contains the following symptoms which has relation to this affection: viz., abundant coryza,



hoarseness, cough from titilation in the larynx, morning cough with expectoration.

*Cutaneous Affections.*—Eczema, psoriasis, and the majority of cutaneous affections of a gouty nature are favourably modified in places where alkaline waters exist. Is this action due to the alkalies or to the *Arsenic* contained in all these waters? Here are the symptoms that furnish the pathogenesis of carbonate of potassium and sodium; lancinating and burning pruritus, urticarious squamous and eczematous eruptions (*Kali carbonicum*). The eruptions of *Natrum Carbonicum* have more resemblance to eczema, pruritus, and vesicular eruptions upon a red basis with smarting itching. The eruptions exude a purulent liquid. Here is a symptom which bears relation to *Touruiole*, involving “vesicle at the tips of all the fingers and toes, as after a burn involving the nails all round.”

*Pneumonia and Phlegmasië.*—When to employ the alkalies in the treatment of *Phlegmasië*? It is purely a theory, and rests on the properties that these medicines have of impoverishing the blood, of producing anæmia, and of retarding oxidation.

## EDITOR'S NOTES.

## DRAINAGE OF THE PERICARDIUM.

A CASE, probably unique in the annals of paracentesis, has been recorded by Rosenstein of Leyden. A child, aged ten years, suffering from pericardial effusion, presented such a degree of interference with circulation and respiration, that an aspirator needle was passed into the fourth intercostal space near the sternum, and 620 cubic centimetres of liquid were withdrawn. Left-sided pleural effusion soon followed, and 1100 cubic centimetres of liquid were evacuated. The cardiac symptoms increased, and necessitated a second puncture of the pericardium; 120 cubic centimetres of purulent liquid were withdrawn. A relapse occurring, a larger opening was made (an inch and a half long) in the fourth intercostal space. The soft parts were divided layer by layer under strict antiseptic precautions. When the pericardial cavity was reached a large quantity of pus escaped. Two drainage-tubes were inserted. The operation was followed by an immediate return of the circulation and respiration to normal conditions. An incision into the pleura, however, also became necessary. At the end of four months of treatment the patient left the hospital in good condition. There was no pyrexia or œdema of the skin in the præcordial region to indicate the purulent nature of the effusion.—*Lancet*, October 15, 1881.

## RATTLE-SNAKE POISON.

Dr. Filho has published (*Archivos de Museu Nacional de Rio de Janeiro*) the following results of his experiments on the poison of the rattle-snake:—1. The poison of *Crotalus horridus* acts on the blood by destroying the red blood-corpuscles, and by changing the physical and chemical quality of the plasma. 2. The poison contains some mobile bodies similar to the micrococcus of putrefaction. 3. The blood of an animal killed by a snake's bite, when inoculated to another animal of the same size and species, causes the death of the latter within a few hours, with the same symptoms and the same changes in the blood. 4. The poison can be dried, and preserved for a long period without losing its specific quality. 5. Alcohol is the best antidote to the poison of *Crotalus horridus* known at present.—*Medical Times and Gazette*, February 11, 1882.

## POISONING BY LABURNUM.

Two fatal cases of poisoning by some undetermined portions of this very poisonous tree are recorded as occurring in the practice of Mr. Lascelles, of Slingsby, in Yorkshire. Two children, aged three years and eight years respectively, are supposed to have eaten of the tree at the same time ; but there was no evidence as to this, nor as to what portion of the plant was eaten. Presumably, it was the pods or seeds which were partaken of. The elder girl was seized with vomiting and diarrhoea between 1 and 2 A. M. on January 3rd. She complained of her head, and was prostrate. Six hours later, the vomiting and diarrhoea ceased. She then made a noise in her breathing, and continued much in the same state till her death, about fourteen hours after she was attacked. Next day, about 1.30 P. M., the younger girl, aged three years and a half, became tired and sleepy, and she vomited. She then complained of pain in the head. She vomited frequently, and had two motions. Five hours and a half after the commencement of the attack, she was convulsed, and the convulsions continued till her death, eight hours from the commencement of the illness. A *post mortem* examination was made. There were some marks of irritation of the gastro-intestinal mucous membrane. No fragments of any portion of the plant were found in the stomach ; but the analyst, Mr. Fairley, detected cytisine in the stomach-contents of each child. The alkaloid was detected by its characteristic properties, and an extract of the stomach of the elder child was given to a mouse with fatal effect.—*British Medical Journal*, February 11, 1882.

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## PHYSIOLOGICAL ACTION OF QUININE.

EXPERIMENTS by Chirone of Messina have shown that quinine can lessen sensibility, although it is incapable of causing actual anæsthesia ; nor does it, even in large doses, abolish reflex action. The stupefying effect occurs only when the quantity taken approaches the toxic limit. The first sensation to be lessened is that of touch, then that of pain, and lastly, sensibility to heat. The diminution often commences in the anterior part of the body before the posterior. Deafness and blindness are often produced in dogs, as in man, by large doses. Slight diminution of tactile sensibility may be produced in man by a dose of fifteen grains repeated after a short interval. If quinine is injected into the arteries, local sensibility is produced in the part to which it is conveyed ; and all functional activity is suspended in this

region. Very large doses cause general convulsions. No differences in the precise physiological action are to be observed between quinine, quinidine, and cinchonidine; but the latter appears to be the most toxic.—*Lancet*, Feb. 25, 1882.

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#### POISONING BY CANTHARIDES.

M. Albert Robin has published the results of a minute examination of the urine in a singular case, which was characterised by paroxysmal attacks of strangury. The child was suffering from spinal caries, and the cause of the attacks was variously explained by different medical men who were consulted as vesical neuralgia, as the indication of lardaceous degeneration of the kidney, or as due to compression of the spinal cord. The real cause was only discovered by observing the coincidence of the attacks with the application of a mild cantharides ointment to keep open sores on the back. The peculiarities noted in the urine were—(1) a diminution in the chlorides during the crisis, and their increase the following day; (2) an increase in the phosphates during the crisis, so considerable that there was a spontaneous deposit of phosphate of lime and of ammoniaco-magnesian phosphate; (3) before and after the paroxysm there was a remarkable increase in the amount of lime and magnesia eliminated. At the commencement of the crisis, and even before it, there was a high degree of albuminuria, progressively diminishing until the close. During the whole paroxysm the uro-hæmatin was increased, and indican was present in considerable quantity. The total quantity of the urine was slightly diminished, but less so than in most cases of cantharidism. The urea was considerably increased. No blood-corpuscles or tube-casts accompanied the albumen.—*Lancet*, Feb. 25, 1882.

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#### POISONING BY HEMLOCK (*CENANTHE CROCAT*.)

D. C—, aged thirty, a Greek sailor, was admitted into the South Devon hospital, Plymouth, on Jan. 13th, 1881, semi-comatose from accidental poisoning. On the previous day, about noon, he and two other sailors were ashore from their ship in the Sound. During a walk near the headlands overlooking the bay, they partook of what they considered to be "wild celery," of which a considerable quantity is found in the immediate neighbourhood of Plymouth and Devonport. This vegetable, though somewhat closely resembling celery, is well known as the most poisonous form of hemlock, the hemlock water dropwort. The man D. C—ate part of the root, and some of the

stem, of the plant. In due course he reached his ship. Two hours after partaking of the "celery" he ate a full meal, feeling perfectly well. Within fifteen minutes of this time he suddenly and violently vomited. The whole contents of the stomach were evacuated. In five minutes he was completely unconscious, and had muscular twitchings about the limbs and face. There was a copious flow of a thick tenacious mucus from the mouth, which hung about the lips and clothing in viscid strings. Coma profound for twelve hours.

Twenty-four hours after the poisoning he was admitted into hospital, apparently semi-comatose from drink. He entered the casualty room supported on each side, and dragging his legs after him. He had feeble control over them. Placed in a chair he went to sleep, with his head hung on his left shoulder and his arms by his side. The extremities were cold, but there was general free sweating. He could be roused with difficulty, when he muttered something in an unknown tongue. There were no spasms. The pupils were dilated and sluggish. The respiration only 14 per minute; not full. No stertor.

Twelve hours after admission the skin was warm, and sweating very freely. Temperature normal. He was in a continuous sleep, from which he was easily roused, and then he drank greedily. The tongue was dry and coated. Respiration still 14. Salivation ceased.

On the following day he was quite conscious; had great thirst, and signified by signs that he felt swimming in the head. Urine, sp. gr. 1030, scanty, albuminous. Bowels moved moderately by castor oil. Pulse throughout was about 80; good. On the next day, Jan. 15th, he was discharged well. Urine free from albumen.—*Lancet*, Feb. 18, 1882.

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#### POISONING BY PYROGALLIC ACID.

Neiser has recorded the case of a man, aged thirty four, affected with psoriasis, who was rubbed on one half of the body with an ointment of pyrogallie acid, and on the other with chrysophanic acid. An hour afterward he was seized with rigors, followed by vomiting, diarrhoea, and giddiness. The next day he was in a state of alarming collapse, with a temperature of 104°, and passed urine black from dissolved hæmoglobin. He died on the fourth day. The blood was bluish and diffuent, and the kidneys black and intensely congested. It is presumed that there was a destruction of the red corpuscles by the pyrogallie acid.—*Lancet*.

## A GYPSUM TEST FOR MILK.

MR. BERTHAM OHM gives, in the *Monthly Magazine*, the following ready means of testing the purity and richness of milk.

Calcined gypsum or plaster of paris is used. An ounce is enough for a single test. The value of the test depends upon the fact that cream retards the hardening of the plaster of paris. The more cream in the milk the longer time will be required for the plaster to harden.

If the sample of milk be an honest one, of 1.030 specific gravity, at an ordinary temperature, and is used to wet up the plaster to a paste, ten hours will be required for hardening.

If this sample has twenty-five per cent. of water added, the plaster will harden in two hours. With fifty per cent. of water added, the hardening will be complete in thirty minutes. With seventy-five per cent. of water, the plaster paste will become hard in twenty minutes.

Skimmed milk, having a specific gravity of 1.033, will delay the hardening to four hours. If to the skimmed milk be added fifty per cent. of water, the paste will harden in one hour.

Since plaster of paris is very cheap and accessible to all, it is very easy for milk consumers to test the milk they buy every week, or often enough to satisfy themselves of the character of their milkman.—*Scientific American Supplement*, Feb. 4, 1882.

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POISONING BY SULPHUR.

Dr. R. T. Cooper records, in the *Monthly Hæmæopathic Review* for Jan., the following interesting toxicological effect produced in a woman, after taking sulphur during the period of menses.

Elizabeth D—, a housemaid, aged 26, consulted me, 15th November, 1881, for weakness, with inter-scapular pains; she assures me she never has been strong, though much worse the last two months. She has suffered a good deal from irregular action of the heart, and complains of an unpleasant taste and confined bowels, her appetite, notwithstanding, being good. Observing the peculiar atrabilious complexion and roughness of skin that I have for long been in the habit of considering an indication for *sulphur*, I prescribed our *sulphur* mother-tincture, and was just handing her the prescription, when she gave me the following interesting particulars:—

A year and a half ago, not feeling well, was induced to take a teaspoonful of *sulphur* in a little treacle, and has never felt well since.

This quantity was taken during the catamenia, and immediately afterwards a change took place in the colour of the discharge. From being natural, it changed to a pale yellow discharge, exactly the colour of the sulphur itself, and so it continued for at least three months. Ever since then, for a week before each monthly illness, she is troubled with this nasty yellow discharge, which smells and looks exactly like sulphur.

Moreover, she says that soon after taking the *sulphur*, abscesses formed about the teeth, which, until they discharged, would occasion a great deal of pain.

Still further, any purgative medicine, instead of acting upon her bowels, will, since taking the sulphur, be succeeded not by purgation, but by an increase of this horrid discharge, and the urine, too, will at the same time smell strongly of *sulphur*. The discharge leaves a yellow stain, with *sulphur*-like odour upon her linen. Her teeth, especially the back teeth, upper and lower, are much decayed, in fact they are perfectly useless, while before taking the *sulphur* they were very good indeed.

Hearing all this, I naturally altered my prescription, and gave *ten* grains of *mercurius solubilis*, 3rd Dec., to go over the week.

November 22nd.—Feels stronger, and is clearer in her complexion. Has had an increase of discharge since taking the medicine, and it smells even more sulphury than before. Inter-scapular pain gone, bowels still confined.

November 29.—Very much better in all respects, bowels act all right, monthly illness on—natural.

Dr. Cooper adds the following valuable remarks : Briefly, the case shows—(a) the antidotal power of *mercurius* over *sulphur* [“in such cases (*i. e.*, where much *sulphur* had been used) a dose of *mercurius* x ought to be given first, before the *sulphur* is exhibited.”—*Chronic Diseases*, Hahnemann, vol. i., p. 162]; (b) that *sulphur* acting injuriously leads to decay of the teeth, thereby confirming both Hahnemann and the Vienna provings; and lastly, (c) *seems to prove* that under some circumstances there may grow up in the system a manufactory of *sulphur*, just as we know occurs with carbon.—(*Vide* Mackellar, *Edinburgh Monthly Journal of Medical Science*, 1846.)

## CLINICAL RECORD.

*A Case of Hepatic Colic complicated with Jaundice and Ague.*

REPORTED BY BABU BROJENDRA NATH BANERJEE, L. M. S.

Babu T. P. M., æt. 38, well built, formerly an Overseer, P. W. D., and now a contractor, had suffered from an attack of facial paralysis about 8 years ago, from which he recovered, and since had enjoyed a very good health up to three years ago, when he had hepatic colic without jaundice while he was at Gaya. In August 1881, while at Darbhunga, he suffered from malarious fever for more than a month, and since then began to complain of a kind of dull tensive pain in the right hypochondriac region, about  $1\frac{1}{2}$  inches below the costal arch and just behind the abdominal rectus. He came under my treatment on the 15th Sept. 1881. *Nux V.* 3 removed the pain entirely in a couple of days. *Nux* also brought on appetite and refreshing sleep. In a week he felt so much better that he was able to travel up to Cawnpore, where, however, an accident disturbed his sleep and told heavily on his digestion. The pain appeared the next morning. He at once repaired to Allahabad, and placed himself under my treatment again. This time *Nux* failed to relieve him as completely as it did on the last occasion. *China* gave some relief.

On the 30th October, his pain increased to a great extent, and I noticed slight jaundice. The painful part was very tender on pressure, and was a little puffed up. At 2 p. m. the pain became so excruciating as to be unbearable, and he complained of aching pressure and dyspnoea. The pain, he said, was extending down to the hip, and was of an aching, tensive, tearing, and cutting nature. At this time his suffering was aggravated four-fold by severe tympanites. When I saw him he was in tears, and gasping for breath as it were. He with great difficulty described his suffering, and asked me to relieve him at once, else he would die, as his abdomen was almost bursting, and he could not breathe. The nature of the pain, the flatulence, the dyspnoea, the time of aggravation—all reminded me of *Lycopodium*. I prescribed it in the 6th centesimal dilution, one drop in a teaspoonful of water every half hour. Never will I forget the magical effect produced by this, in the ordinary state, inert substance. The flatulence began to abate, the acuteness of the pain subsided at once, the respiration became easy; in short, the first dose relieved him completely. Four more doses of *Lyc.* 6 were given during the night. On the 31st Oct. at 3 p. m. the



pain recurred. The recurrence of the pain being an additional characteristic of *Lyc.*, I ordered it to be taken in the same way. It again gave him very speedy relief. At 4 P. M. he got an ague fit; the shivering was of a very violent nature and lasted four hours, and was followed by profuse perspiration, which also continued for four hours. *Gels.* and *Camphor* had not the least effect on the shivering. After the ague fit was over the patient felt greatly prostrated. I gave him a dose of *China* 3 in the night.

1st. Nov. The pain recurred without flatulence or dyspnœa in the night, with griping and cutting about the umbilicus, and the parts were tender on pressure. The pain, he said, was of a flying nature as if something was being squeezed within his abdomen. This time, instead of *Lyc.*, I gave him *Colocynth* 3, because the nature of the pain and its seat were all characteristic of this drug. *Colocynth* produced the same happy result as was got from *Lyc.* The ague fit returned at 2 A. M. with the same kind of shivering and perspiration. During the day *Nux* 3 was given 4 times to prevent the recurrence of the fever.

2nd. Nov. The pain did not recur. Bowels moved for the first time since the 31st. The stool was papescent, dirty white and scanty. The fever however returned at 2 P. M. notwithstanding the administration of *Nux* and *China*. The latter was given also with the object of preventing the recurrence of the hepatic colic. I next proposed *Quinine*, to which the patient objected, and I was again obliged to hunt my materia medica without arriving at a definite conclusion. In fact, I failed to select any medicine that would cover the totality of the symptoms; at last I resolved to try *Nux* again.

3rd. Nov. The fever did not return. Bowels moved, the stool being of the same nature as it was yesterday. Nothing but jaundice remained. *Chel.* 1 removed the constipation and produced liquid, yellow stools.

The Jaundice persisted for more than a month. And according as the symptoms showed themselves, *Digitalis*, *Belladonna*, *Sulphur* and *China* were given.

Last January after a fatiguing journey, he got hepatic colic for the third time while at Bhawanipore. This time Dr. Sircar treated him with *Berberis Vulg.* which succeeded in entirely removing the colic. The fever of the same nature recurred, and was again removed by *Nux* 3.

*A Case of Iliac Abscess.*

REPORTED BY BABU AKHIL NATH PAL, L. M. S.

Uma, a Hindoo woman of Uttarpura aged 32, and mother of three children, came under my treatment in Feb. 1879.

*Previous History.*—The husband of the patient stated that one day when she was going down stairs, she had a false step, and at once felt a peculiar drawing sensation in her right iliac fossa. Two days after the accident she began to complain of pain in and around her right hip, and to limp in consequence. In a week more she was laid up in bed, and the pain on moving the limb became unbearable.

She placed herself under the treatment of a well known Kaviraj of Calcutta, who treated her for rheumatism of the hip-joint for a month and a half. She was then treated by an Asst. Surgeon.

The following were the symptoms when I took the case under my care: Pale, emaciated, unable to move about, daily getting fever with rigor in the afternoon, no appetite, bowels loose, stools mucous, the right thigh flexed on the abdomen, and the leg on the thigh; the right lower limb could not be extended, a large œdematous swelling occupying the upper third of the right thigh in front. On palpation a tumour about the size of a cocoa-nut could be felt occupying the right iliac fossa. A distinct fluctuation could be felt at a spot a little above the middle of Poupart's ligament, where the abscess pointed.

Poultice was ordered every three hours, and *brandy* and *cinchona* mixture every 4 hours.

The next morning the abscess was opened at the spot where it had pointed, and about a pound and a half of thick, whitish, fetid pus escaped. The abscess was daily dressed with *Carbolic Acid* lotion (1 in 60), a drainage tube was inserted into the abscess cavity for free exit of the pus, and bark and brandy were given internally.

Though she daily improved in health, the cavity of the abscess instead of filling from the bottom, contracted into a narrow suppurating tract, and thus forming a sinus, four inches in length, and discharging watery pus.

With the exception of the galvanic cautery, every thing was tried one after the other without any benefit. Being at a loss what to do, I thought of trying homœopathy as a *dernier ressort*. *Sil. 6* was given internally, and *calendula* lotion (3i to ʒi) to dress the wound externally. To my surprise, the unhealthy discharge changed into laudable pus in a week, and the sinus healed up in three weeks.

*A Case of Pelvic Abscess.*

REPORTED BY BABU AKHIL NATH PAL, L. M. S.

Hurro, aged 27, primipara was first seen in December 1879.

*Previous History.*—About six months ago, she was delivered of a child after a tedious labor of 72 hours. On the 6th day after her delivery she began to complain of a sense of weight and pain in the left hypogastric region; this was followed in a week by the appearance of a considerable swelling, with pain and throbbing and tenderness in the lower part of the abdomen of that side. There was, in fact, inflammation of the pelvic cellular tissue, and it ran on to suppuration thus producing a pelvic abscess. The abscess opened spontaneously through the abdominal wall, and it was about three weeks after that she asked help of a medical practitioner who has been treating her since, and who asked me to see the case in consultation. When I saw her, she was in a state of great exhaustion, getting hectic fever every day, and passing sleepless nights. The appetite was very poor, and the mental depression very great, so much so that she was almost hopeless of her recovery. The left iliac and hypogastric regions were full, and painful on pressure, and occupied by a large abscess having a small opening externally. There was a large bagging about the superior anterior spinous process of the ilium, with a distressing burning and throbbing sensation. The lips of the external orifice of the abscess were somewhat protuberant, being formed of large flabby granulations. The channel leading to the cavity was very winding and narrow, scarcely admitting a quill. There was another small opening in the Mons Veneris, also communicating with the abscess. There was constant oozing of unhealthy pus through the openings during the twenty-four hours.

*Treatment.*—The sinus was laid open, and a drainage tube was introduced into the abscess. It was daily dressed with *Carbolic Acid* lotion, and *Syrup. Ferri Iodidi* and *Cod-liver-oil* were given internally. This mode of treatment was continued for a fortnight, after which time ethereal solution of *Iodine* (gr. iss to ʒi) was substituted for the *Carbolic Acid* lotion. No visible improvement followed, the discharge being as copious as before. Led by my experience of the above case, I gave her *Sil. 6* internally, and *Calendula* lotion to wash the abscess. I was successful in this case also; the patient was perfectly cured within 18 days from the exhibition of *Silecca*.

## CASES FROM THE EDITOR'S CLINIC.

1. *A Case of Syphilitic Iritis.*

R. Bose, aged 34, came to the out-door Dispensary on the 11th of December 1881.

*Previous History.*—The patient had syphilis about ten years ago. After this cutaneous eruptions appeared five or six times all over his body, especially over the scrotum, and the cuticle over the ends of the fingers began to desquamate. Just before the appearance of the cutaneous symptoms he had suffered from a kind of eye disease which was diagnosed by the physicians of the other school to be gonorrhœal ophthalmia, for which he took calomel, &c., but which never affected his gums.

*Symptoms on Admission.*—The zonular inflammation around the cornea was very marked. There was slight hyperæmia of the conjunctiva of the affected eye. The vision in the eye was dim.

11th Dec. He was ordered to take *Merc. Sol.* 6.

15th Dec. The sclerotic zone and the radiating vessels were much less distinctly marked. The same medicine was continued.

21st Dec. The sclerotic zone has disappeared. But he said that a black spot is visible before the affected eye at a distance of nearly a foot. The same medicine was continued.

8th January 1882. He reported himself free from all the troubles, and the medicine was discontinued.

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2. *A Severe Case of Colic.*

Deno Nath, fisherman, aged about 30, indulged, on the 19th of January, in *loochee* and fish. At about 3 P. M. on Friday the 20th, he was attacked with severe colic accompanied with constipation. The pains were mostly confined to the left hypochondriac region, and it was of a constrictive character. It was so excruciating that the patient almost despaired of his life. Almost with every attack of pain there was vomiting of bile and acid. During the paroxysm of pain he had to run from one place to another with agonizing shrieks, and no relief was felt in any position whatever. He had placed himself under the old school treatment for 3 days, without any relief. Castor oil was administered on the 23rd and he had 4 stools, but no relief ensued from the evacuation of the bowels, and he consequently presented himself at the Outdoor Dispensary, for treatment, on the 23rd of January 1882.

23rd January. He had three doses of *Puls* 6. which immensely relieved him of his troubles, and he slept well.

24th. He had no other complaint than that he had to spit frequently. The colicky pain has entirely disappeared.

The same medicine was continued.

25th. He reported himself all right.

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### 3. A Case of *Impetigo*.

G. C. Datta, aged 28, was suffering for three months from pustular eruptions on the front aspect of the right ankle joint, accompanied with itching sensation and exudation from its surface. The eruptions appeared while he was undergoing austerities on account of the death of his father. He was advised by some old school doctor to apply nitrate of silver lotion and chahnugra oil, which temporarily relieved him. After a fortnight the eruptions reappeared, and he applied goa powder, which increased the inflammation to a great extent. Goulard's lotion was next prescribed to allay the inflammation, but to no effect. After this he was advised to take Donovan's solution internally, and to apply kreosote and a mercurial plaster locally. But they also failed to do him any good, and he at last came to the Out-door Dispensary on the 27th May 1879. The following were the symptoms on admission: the eruptions were confined to the dorsal surface of the right foot, the toes being excepted, extending to about four or five inches above the ankle joint at its front aspect. There was severe itching sensation, and the exudation formed into crusts.

*Treatment*: *Petro*. 6 was prescribed on the 27th. In three days there was less exudation and formation of crusts. The medicine was continued up to the 31st July, followed by perfect recovery.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 12. AMMONIUM CARBONICUM.

#### **Constipation :**

1. Hard evacuation followed by discharge of milk-like prostatic fluid.
2. Hard painful stools with prickings in the anus.
3. Hard stools surrounded with streaks of blood.
4. Retarded and hard stools forming balls which she finds it difficult to press out.
5. Retention of stools the first days, followed by loose stools.

#### **Diarrhœa :**

1. D. of fœces and mucus with cutting in abd. before and during st.
2. D. with colic early in morning.
- \*3. Uncommonly early call to st. with loose evacuations, then headache and much rigor.
4. At 7 A. M. st. surrounded by watery mucus.

#### **Aggravation :**

Early morning.

#### **Before St :**

Cutting in abd.

#### **During St :**

1. Cutting in abd.
2. Prickings in anus.
3. Constant tenesmus and violent cuttings in rectum.
4. Discharge of blood.
5. Varices protrude.

#### **After St :**

1. Cutting in abd.
2. Discharge of blood.

#### **Rectum and Anus :**

1. Itching and burning of anus.
2. Hæmorrhoids. The varices protrude during st., and are painful a long time afterwards, sometimes they protrude without an evacuation, but recede when lying down. The varices are usually moist, and pain as if excoriated.

#### **General Symptoms :**

1. Great anguish as if she had committed a crime ; uses wrong words in speaking and writing.
2. Bad smell from the mouth.
3. Collection of saliva in the mouth.
4. Great dryness of the mouth and throat.
5. Vesicles on the tongue, specially in its border.
6. Taste, sweetish ; bitter ; offensive, of blood ; of food sourish or metallic.
7. Great hunger and appetite, yet a small quantity satiates.

8. Appetite only for bread and cold food.
9. Milk becomes distasteful to her.
10. Much thirst.
11. Eructations, sour, tasting of the food.
12. Heart-burn.
13. Inclination to vomit but without actually vomiting.
14. Qualmishness after eating.
15. Burning heat, and rumbling in the stomach.
16. A feeling as if the stomach were overloaded, until three hours after a meal.
17. Aching in the stomach.
18. After eating, great pressure at the pit of the stomach succeeded by nausea and vomiting of the ingesta, afterwards sour taste in the mouth.
19. Distension of the abd. with retention of st.
20. Rumbling in the abd.
21. Belly-ache after break-fast.
22. Fœtid flatus.
23. Increased urination. Repeated call to pass water, urine very muddy, of a peculiar (ammoniacal?) smell, with copious sediment.
24. White sandy urine.
25. Profuse perspiration.

**Remarks :** Hefnpel, on probably theoretical grounds, recommends

**Am. c.** "in inflammatory irritations of the bowels, with pain in the bowels, feverishness, bloody and mucous discharges, colored urine which has a strong ammoniacal odour." Hoynes, evidently following Hefnpel, says it is occasionally serviceable in diarrhœa and dysentery, with the same symptoms. **Am. c.** is likely to be useful more in scorbutic than in any other form of dysentery. We give the following case from Huxham, illustrative of the scorbutic condition of the system produced by the long continued use of the drug.

"I had lately under my care a gentleman of fortune and family, who so habituated himself to the use of vast quantities of volatile salts that at length he could eat them in a very astonishing manner, as other people eat sugar and caraway seeds. The consequence was that he brought on hectic fever, vast hæmorrhages from the intestines, nose, and gums; every one of his teeth dropped out, and he could eat nothing solid; he wasted vastly in his flesh, and his muscles became as soft and flabby as those of a new-born infant; and he broke out all over his body in pustules. His urine was always excessively high colored, turbid, and very fœtid. He was at last persuaded to leave off his pernicious custom; but he had so effectually ruined his constitution, that though he rubbed on in a miserable manner for several months he died, and in the highest degree, of marasmus. And I am persuaded he would have died much sooner, had he not constantly drank very freely of the most fine and generous wines, and daily used large quantities of ass's milk, and antiscorbutic juices, acidulated with juice of lemons."—Huxham: *Essay on Fever*.

### 13. AMMONIUM MURIATICUM.

#### **Constipation :**

1. St. hard, crumbling, scanty, but after dinner the usual st. followed by burning in anus.
2. St. 1st part solid, last part soft, with straining followed by burning in anus ; afternoon usual st. during menses.
3. Hard st. covered with mucus.
4. No st. two or several days, with constant colic and sensation as if D. would come on.

#### **Diarrhœa :**

1. Soft st. with pain in lower abd.
2. Soft st. with excessive urgency, follows some rumbling in umbilical region.
3. Soft st. with large amount of urine.
4. Several soft sts. after each fresh dose.
5. D. followed by pains in abd.
- 6. Slight D. in the morning whereupon the abd. becomes internally sore and pains as if beaten.
7. Soft, yellow st. with great haste to go to st. followed by tenesmus and burning in abd.
8. Color of sts. varies ; white and undigested, or green slimy, or yellow and bloody watery or slimy (Hering).
9. Sts. like scrapings of meat or copious, consisting of coagulated blood (Hering).

#### **Dysentery :**

1. Green slimy st. in morning.
2. Glassy, tough mucus in st.
3. St. covered with mucus.

#### **Aggravation :**

1. Morning.
2. During day.
3. During menses.
4. After meals.

#### **Before St :**

1. Pain below the navel.
2. Violent urging.
3. Rumbling in umbilical region.

#### **During St :**

1. Straining.
2. Pain in lower abd.
3. With large amount of urine.
4. Burning in rectum.
5. Discharge of blood (during menses).

#### **After St :**

1. Burning in rectum.
2. Pain in abd. and soreness as if bruised.
3. Tenesmus.

#### **Rectum and Anus :**

1. Itching soreness, several pustules being formed by its side.



2. Stinging, tearing in perinæum when walking.
4. Increases or produces hæmorrhoidal flux.

**General Symptoms :**

1. Irritable, peevish and full of melancholy and anxiety. Despondency.
2. Tongue coated white.
3. Vesicles at the tip of tongue.
4. Taste pappy, bitter, sour.
5. Bitter eructations which pass off after eating something. Very urgent thirst which is only satisfied with lemonade.
6. Gulping up of the ingesta, of bitter, sour water.
7. Loss of appetite.
8. Nausea after dinner, relieved after eructations and in open air.
9. Nausea with oppression in the stomach, but nevertheless there is an inclination to eat.
10. Heat and burning in the stomach.
11. Emptiness in stomach, not relieved by eating.
12. Gnawing in the stomach as if it contained worms.
13. Stitches in the right hypochondrium and in the spleen.
14. Rumbling in bowels.
15. Colic in abd.
16. Emission of loud flatus, of offensive flatus.
17. Rises thrice times at night to urinate, and passes much urine.
18. Sediment like clay in the urine.
19. Ebullitions of blood with anxiety and weakness as if paralysed.

**Remarks :** The stools of **am. m.** are indicative of hepatic derangement caused by it. In some respects there is analogy with **aloes**, in others with **cham.** Hoyne recommends it in the colliquative diarrhœa of phthisis abdominalis, and in the diarrhœa and vomiting during the menses. The green slimy stools suggest its use in the diarrhœa of dentition. When hæmorrhoids are surrounded by inflamed pustules, **am. m.** should be thought of. Hering, in his *Guiding Symptoms*, says it is suitable to those who are fat and sluggish, the adipose tissue being developed on the trunk, legs being disproportionately thin. In one case of vicarious menstruation by the rectum, we found it useful.

## 14. ANACARDIUM ORIENTALE.

**Diarrhœa :**

1. D. at night, with subsequent constipation.
2. Frequent watery D., the expulsion being with much exertion.
3. Stools of a very pale color.
4. St. first soft, then hard.

**Aggravation :**

After meals.

**During St :**

1. Pinching in abd.

2. Dull pressure in the abdominal muscles, increased by inspiration, just below the navel.

**After St :**

1. Yawning and eructations.
2. Dull pressure in the abdominal muscles, just below the navel, increased by inspiration.

**Rectum and Anus :**

1. Tenesmus ; cannot expel anything ; rectum seems to be plugged up.
2. Frequent tenesmus, during day for many days, without ever being able to expel anything.
3. Frequent itching in the anus ; also after an embrace.
4. Varices become smaller and cease to be painful, except when walking.
5. Urging to st. after meal, more in upper part of intestines.
6. Desire for st. three times a day ; but on going to it and sitting down the desire had gone ; the rectum would not fulfil its functions.
7. He had to strain considerably even when the stools were soft.

**General Symptoms :**

1. Great weakness of memory after over-study or sexual excesses.
2. Hypochondriac and irritable, dejected and desponding.
3. Painful vesicles in the mouth.
4. Heaviness of tongue and sensation as if swollen, impeding speech.
5. Speech firmer and surer in afternoon than forenoon.
6. Bitter taste ; also after smoking tobacco.
7. Insipid foul taste of the food, also without eating.
8. Flat, offensive taste in the mouth and of food.
9. Tongue white, and rough like a grater.
10. Fœtid odor from mouth, without his perceiving it.
11. Constant thirst ; yet drinking takes the breath, and therefore must stop frequently during a draught.
12. Sensation as if scraping in the throat.
13. At times violent hunger, at times not at all.
14. He has no appetite for dinner, nevertheless he takes it, and relishes it, because it is dinner hour.
15. Eructation after drinks or liquid food.
16. Several kinds of food of which he is very fond, disgust him so much that he would like to vomit.
17. Nausea early in the morning, nausea with retching, returning shortly after drinking cold water.
18. Heart-burn.
19. Symptoms disappear during dinner, reappear two hours after.
20. Pressure in the region of the liver, an hour after a meal.
21. Inflation of the abd., after dinner.
22. Continual rumbling in the abd.

23. After a meal flatus moves about in the abd. as from a purgative.
24. Pain around the navel.
25. Frequent desire to urinate, but little urine passing.
26. Frequent emission of clear watery urine in small quantities.
27. The urine, while being emitted, is turbid, deposits a dirty sediment, and, when shaken, looks like clay.

**Remarks:** There is no record in homœopathic literature of the use of **anacardium** in bowel complaints, though the symptoms are peculiar and characteristic. It resembles **alumina** in causing difficult expulsion of even thin, watery stools. It would, therefore, be useful in diarrhœa characterized by this symptom. In persons of sedentary habits, who exhaust their nervous energies by over-study or sexual excesses, leading to loss of memory, who have no appetite for dinner, but eat and relish their food at dinner time, who either pass no stool for days, or has a diarrhœa which costs them great effort to evacuate,—in such persons **anac.** is very likely to prove a sovereign remedy.

## 15. ANATHERUM.

### Constipation :

1. Long lasting constipation, followed by dry, brown, bulky st., then D.
2. Obstinate constipation with fever, heat, thirst and debility.
3. St. difficult, large and hard.
4. Hard, knotty st., like sheep dung, passed with difficulty even after injections.

### Diarrhœa :

1. Diarrhœaic stools, with cramps and pains in back, chest, stomach, and abd., dulness of head with sensation of drunkenness and prostration.
2. Brownish yellow D. of very bad smell.
3. Involuntary stools.

### Cholera :

Whitish choleraic stools with cramps, general coldness, and contraction of the epigastrium, colic and burning of the abd., unquenchable thirst, with frequent inability to drink on account of spasms of the throat and stomach ; vertigo, burning in head, weakness in thinking, great prostration, emaciation and suppression of urine.

### Dysentery :

1. Repeated mucous and bloody stools, with colic, burning in bowels and anus, tenesmus, and great weakness.
2. Stools containing only blood, with frightful colic and great weakness.

### Rectum and Anus :

1. Retraction and paralysis of rectum.
2. Anus prolapsed, and very painful even when not at st.
3. Intolerable itching at the anus.

4. *Tania*, *lumbri*, and especially *ascarides* with the stools.
5. Flowing hæmorrhoids with dark blood and burning pains in rectum.
6. Large inflamed hæmorrhoidal tumors; they ulcerate and suppurate.

**General Symptoms :**

1. Tongue fissured greyish, yellowish, bloody, or brickdust coating on tongue.
2. Taste bitter, bloody, sometimes sweetish.
3. Morbid hunger.
4. Unquenchable thirst.
5. Desire for cold water, strong liquors, and sour drinks.
6. Desire for garlic, and all sorts of spices.
7. Love of strong odors.

**Remarks :** The *anatherum muricatum* is the fragrant grass, called khas khas in this country. It abounds in a volatile oil, and is likely to be a disturber of health. The proving, as given above, is rich in the symptoms of diarrhœa and dysentery, but being from a suspicious source, (Dr. L. T. Houat of the isle of Bourbon), has special need to be verified by clinical experience.

## 16. ANTIMONIUM CRUDUM.

**Constipation :**

1. Very difficult, hard st.; fæces too large.
2. Difficult expulsion of hard stools, without or with straining.

**Diarrhœa :**

1. Disposition to D.
2. D. night and early morning.
3. Pappy, frequent stools.
4. Very thin stools after taking vinegar.
5. Stools first natural, then several small loose evacuations, then small hard evacuations, with violent straining of rectum and anus until all are passed.
- 6.° D. during pregnancy, and after nursing.
- 7.° D. in old people.
8. Discharge of mucus, with emission of flatulence.
9. Stools, white, dry, irregular (Hering).
10. Undigested st., containing hard lumps of curd. (Hg.)
11. Acrid, excoriating D.

**Aggravation :**

1. After dinner.
2. Evening, night, and early morning.
3. After vinegar.
4. After over-heating.
5. After cold bathing.

**Before St :**

1. Pressing in rectum.
2. Prolapsus recti.
3. Cutting in abd.

4. Emission of flatulence.

5. Feeling of soreness; as if an ulcer had been torn open.

**During St :**

1. Discharge of blood.

2. Pain in the rectum.

3. Straining.

**Rectum and Anus :**

1. Prolapsus Recti.

2. Sharp itching in rectum.

3. Burning itching and smarting in anus at night.

4. Drawing pain in anus.

5. Varices protruded more than usual.

6. Crawling and burning of the hæmorrhoids, in evening in bed till falling asleep.

**General Symptoms :**

1. Peevish, vexed without any cause, out of humour.

2. Slight dull headache and vertigo, increased by ascending stairs.

3. Dryness of the mouth at night.

4. Thirst in the evening and at night.

5. Tongue coated white.

6. Saltish saliva in mouth.

7. Long lasting loss of appetite, with disgust for all food.

8. Gulping up of fluid, tasting of the ingesta.

9. Eructations having a raw taste, or bitter like bile.

10. Nausea and terrible vomiting of mucus and bile.

11. Violent vomiting and diarrhœa.

12. Laziness and disposition to lie down, after dinner.

13. Fulness and inflation, after dinner.

14. Cramp like pains at the stomach.

15. Burning at the pit of the stomach like heartburn with good appetite.

16. Much flatus, immediately after dinner it moves about audibly, especially in the right side of the abd., some being expelled.

17. Abd. very much distended specially after a meal.

18. Rumbling flatus bursting forth just after a meal.

19. Copious and frequent urination.

**Remarks :** *Ant. c.* is a very valuable medicine in diarrhœa with predominant gastric symptoms, characterized by nausea and vomiting and a white coated tongue. There is generally absence of thirst which distinguishes it from *ars.* and *verat.* We have found it very useful in puerperal diarrhœa, which passes by the name *sutikâ* in our country, and is really a formidable because a very intractable disease. The diarrhœa of *ant. c.* is characterized by the loose evacuations being mixed up with small hard lumps, which Dr. Guernsey takes as the keynote for the exhibition of the drug.

(To be Continued.)

## Gleanings from Contemporary Literature.

### CODE OF MEDICAL ETHICS.\*

#### SCOPE.

The scope of a Code of Medical Ethics comprises the reciprocal duties and obligations of physicians and patients; the duties and obligations of physicians to each other; and the reciprocal duties and obligations of physicians and the public.

#### FUNDAMENTAL PRINCIPLES.

The great principles upon which Medical Ethics are based are these:

1. The great end and object of the physician's efforts should be: "the greatest good to the patient."

2. The rule of conduct of physician and patient, and of physicians towards each other, should be the GOLDEN RULE: "As ye would that men should do to you, do ye also to them likewise."

The various articles of the Code are only special applications of these great principles.

#### PART I.

#### OF THE RECIPROCAL DUTIES AND OBLIGATIONS OF PHYSICIANS AND THEIR PATIENTS.

##### *Article 1.—Duties of the Physician to the Patient.*

SECTION 1. The physician should hold himself in constant readiness to obey the calls of the sick. He should ever bear in mind the sacred character of his calling and the great responsibility which it involves, and should remember that the comfort, the health and the lives of his patients depend upon the skill, attention and faithfulness with which he performs his professional duties.

SEC. 2. The physician, in order that he may be able to exercise his vocation to the best advantage of the patient, should possess his respect and confidence. These must be acquired and retained by faithful attention to his malady, by indulgent tenderness towards the weaknesses incident to his condition, and by the exercise of a firm but kindly authority. The physician is bound to keep secret whatever he may either hear or observe, while in the discharge of his professional duties, respecting the private affairs of the patient or his family. And this obligation is not limited to the period during which the physician is in attendance on the patient. The patient should be made to feel that he has, in his physician, a friend who will guard his secrets with scrupulous honor and fidelity.

SEC. 3. The physician should visit his patient as often as may be necessary to enable him to acquire and keep a full knowledge of the nature, progress, changes and complications of the disease, and to do for the patient the utmost of good that he is able. But he should carefully avoid making unnecessary visits, lest he render the patient needlessly anxious about his case, or expose himself to the charge of being actuated by mercenary motives.

\* Drawn up by a Committee, consisting of Carroll Dunham, M. D., Walter Williamson, M. D., A. S. Ball, M. D., E. M. Kellogg, M. D., G. W. Barnes, M. D., appointed by the American Institute of Homœopathy, and based (with modifications) upon the code adopted by the American Medical Association.—Ed.

**SEC. 4.** The physician should not give expression to gloomy forebodings respecting the patient's disease, nor magnify the gravity of the case. Bearing in mind the almost infinite resources of nature, he should be cheerful and hopeful, both in mind and manner. This will enable him the better to exercise his faculties and apply his knowledge for the patient's benefit, and will inspire the patient with confidence, courage and fortitude, which are the physician's best moral adjuvants.

But it is the physician's duty to state the true nature and prospects of the case, from time to time, to some judicious friend or relative of the patient, and to keep this person fully informed of its changes and probable issue; and if the patient himself request the physician to disclose to him the nature and prognosis of his disease, it is his duty to state tenderly, but frankly, the whole truth,—provided the patient be of sound mind and strong enough to receive the disclosure without serious injury. The patient has a right to know the truth. If, moreover, facts within the physician's knowledge lead him to believe that it is of great importance, in relation to the patient's affairs, that he should be warned of the approach of death, it is the physician's duty to reveal to the patient's nearest friend, or to the patient himself, the true state of the case, and the importance of timely action.

**SEC. 5.** Whether the case proceed favorably, or become manifestly incurable, it is the physician's duty to continue his attendance faithfully and conscientiously so long as the patient may desire it. He is not justified in abandoning a case merely because he supposes it incurable.

**SEC. 6.** As the patient has an undoubted right to dismiss his physician for reasons satisfactory to himself, so, likewise, the physician may, with equal propriety, decline to attend patients, when his self-respect or dignity seem to him to require this step; as, for example, when they persistently refuse to comply with his directions.

**SEC. 7.** In difficult or protracted cases consultations are advisable. They tend to increase the knowledge, energy and confidence of the physician, and to maintain the courage of the patient. The physician should be ready to act upon any desire which the patient may express for a consultation, even though he may not himself feel the need of it. Nothing is so likely to maintain the patient's confidence as alacrity in this respect. Moreover, such a course is but just to him, for he has an indisputable right to whatever aid or counsel he may think likely to be of service to him.

**SEC. 8.** The intimate relations into which the physician is brought with his patient give him opportunity to exercise a powerful moral influence over him. This should always be exerted to turn him from dangerous or vicious courses towards a temperate and virtuous life. The physician is sometimes called to assist in practices of questionable propriety, and even of a criminal character. Among these may be mentioned the pretence of disease, in order to evade services demanded by law, as jury or military duty; the concealment of organic disease or of morbid tendencies, in order to secure favorable rates of life-insurance, or for deception of other kinds; and especially the procurement of abortion when not necessary to save the life of the mother. To all such propositions, the physician should present an inflexible opposition. It is his duty, in an authoritative, but friendly manner, to explain and urge the nature, illegality and guilt of the proposed action, and to use every effort to dissuade from it, and to strengthen the patient's virtue and sense of right. The physician should be aware of the frequency of criminal abortion, and of the different methods employed for it, and should take every occasion to warn those who may be tempted to resort to it. In no case should the physician induce abortion, or premature labor, without a previous consultation with the most experienced practitioners attainable, nor without the most clear and imperative reasons.

*Article II.—Duties and Obligations of Patients to their Physicians.*

Sec. 1. Physicians are required, by the nature of their profession, to sacrifice comfort, ease, and even health, for the sake of their patients. Patients should reflect upon this, and should understand and remember that they have corresponding duties and obligations towards their physicians.

Sec. 2. The patient should select a physician in whose knowledge, skill and fidelity he can place implicit confidence; whose habits of life are regular and temperate, and whose character and demeanor are such that he can regard him as a personal friend. He must be able to confide in him freely. And the physician should not be changed for light reasons. A physician thoroughly acquainted with the constitutions, temperaments and tendencies of a family can the more successfully treat them.

Sec. 3. The patient should always consult his physician as early as possible after he has discovered that he is ill. A disease which is trifling at its onset may grow formidable through neglect. The physician should be regarded as a confidential adviser, who, on being early consulted, may prevent a sickness.

Sec. 4. The patient should faithfully and unreservedly state to his physician the supposed cause of his malady, and tell him everything that may have a bearing upon its nature. Since the physician is under the strongest obligations to secrecy, the patient should not allow considerations of delicacy, modesty or pride to prevent an entirely frank statement of his case, and candid and full replies to interrogatories.

Sec. 5. The patient should implicitly obey his physician's injunctions as regards diet, regimen and medical treatment. If he deviate from these directions, he cannot hold the physician to a full responsibility in the case; and, further, by a partial obedience he incurs some personal risk, since, in the treatment of diseases, all parts of the physician's advice are made to harmonize, and each is dependent on the others and may be unsafe without the coincidence of the others. Moreover, he does the physician an undeserved, and often a serious, wrong. If the patient have not sufficient confidence in his physician, and respect for him, to follow his directions, it were better for him frankly to say so, and to employ another in whom he can confide.

The patient should never allow himself, while under a physician's treatment, to take other medicines than those prescribed by him. He would, by so doing, incur a serious risk of taking medicines that are incompatible with each other. If desirous of trying any other mode of treatment, it would be much better frankly to state the fact to his physician, and ask his advice.

Sec. 6. The patient should, if possible, avoid receiving the friendly visits of a physician other than the one under whose charge he is. When he receives such visits, he should avoid conversation on the subject of his disease; for an accidental observation might give him false impressions respecting his disease, or destroy his confidence in the treatment he is pursuing. He should never send for a consulting physician without the express consent of his own medical attendant; for physicians can act together for the advantage of their patient only when they act harmoniously. Nor should he, by a secret appointment, constrain his medical attendant to meet another physician with whom he might not be willing to consult; but the patient has an undoubted right to have the opinion of any physician whom he may desire upon his case. His proper course is to request his medical attendant to arrange a consultation, and frankly state his desire for the physician whom he may prefer. If his medical attendant decline the consultation, it is then for the patient to determine whether he will insist, and thus dismiss his medical attendant, or whether he will defer to



the judgment of his own physician. And the patient has a right thus to choose.

SEC. 7. If the patient wishes to dismiss his physician, he should, in justice and in common courtesy, state his reasons, and, if possible, in a friendly manner. To dispense with the services of a physician need not, of necessity, change the social relations of the parties.

SEC. 8. The patient should, when practicable, send for the physician in the morning, before his usual hour for leaving home. He will, by so doing, secure his earlier attendance, and will enable him the better to apportion his time so as to do justice to all his calls and engagements. He should call on his physician during his office hours only, and should avoid disturbing him in hours devoted to meals, rest and sleep. And in receiving his physician's visits, he should avoid compelling him to wait, even a few minutes. The aggregate of petty detentions, while the patient is making some needless preparation to receive the physician, amounts to a serious waste of valuable time.

## PART II.

### OF THE DUTIES AND OBLIGATIONS OF PHYSICIANS TO THE PROFESSION AND TO EACH OTHER.

#### *Article 1.—Duties to the Profession.*

SEC. 1. Inasmuch as every member of the medical profession partakes of the honor in which it is held, and is entitled to its privileges and immunities and profits by the scientific labors of his predecessors and associates, it is his duty faithfully to endeavor, in his turn, to elevate the position of the profession, and, by every honorable exertion, to enrich the science of medicine.

SEC. 2. In no other profession should a higher standard of morality and greater purity of personal character be required. Physicians ought to come up to this standard, and do what they may to exalt it. As the practice of medicine requires the constant exercise of a vigorous and clear understanding, and as the practitioner should be, at all times, ready for emergencies in which the welfare and even the life of a fellow-creature may depend upon his steady hand, acute eye and unclouded brain, it is incumbent upon the physician to be temperate in all things.

SEC. 3. The physician should not resort to public advertisements or private cards or handbills, inviting the attention of persons affected by particular diseases or publicly offering advice and medicine to the poor *gratis*, or promising radical cures. Neither should he publish cases or operations in the daily prints, nor invite laymen to be present at operations, nor solicit or exhibit certificates of skill and success, nor perform any similar act.

SEC. 4. It is equally derogatory to professional character for a physician to hold a patent for any nostrum or any surgical instrument or appliance, or to keep secret the nature or composition of any medicine used by him. Such restriction or concealment is inconsistent with the beneficence and liberality which should characterize the medical profession. But it is the duty of the physician to avail himself of every opportunity to observe the action and study the properties of new or secret remedies and new processes of preparing medicines as well as new modes of treating diseases, and to subject them to the analysis of scientific investigation. For the physician should always bear in mind that the great object of his profession is to cure the sick, and that it is not only admissible, but is his solemn duty to investigate thoroughly and without prejudice, whatever offers any probability of adding to his knowledge of the art and means of curing, and of thus enriching the science of medicine.

*Article II.—Professional Services of Physicians to each other.*

SEC. 1. All practitioners of medicine, their wives, and children while under the parental care, are entitled to the gratuitous services of any one or more of the faculty residing near them. Physicians, when ill, are incompetent to prescribe for themselves. The natural anxiety and solicitude which they feel for members of their own family when ill, tend to obscure their professional judgment and make it difficult to treat them. Under these circumstances physicians are peculiarly dependent on each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. But visits should not be obtruded, officiously or unasked, upon a sick physician.

If, however, a physician in affluent circumstances request the attendance of a distant professional brother and offer an *honorarium*, it is not proper to decline it; for one should not, even from a kindly motive, impose upon another a pecuniary obligation which the recipient would not wish to incur.

If a physician is called from any considerable distance, the expense of travel, etc., thereby incurred, should always be paid by the physician receiving the visit; and an *honorarium* may be tendered if much time is consumed in making the visit.

*Article III.—Duties of Physicians as regards Vicarious Offices.*

SEC. 1. Attention to his personal affairs, the pursuit of health, and the various contingencies to which the physician is peculiarly exposed, sometimes compel him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to discharge them for him. Compliance with such a request is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the physician relieved. And when this is done for a short period only, all the pecuniary obligations for such services should belong to him. But if a physician neglect his business in quest of amusement and pleasure, he is not entitled to the frequent and long-continued exercise of this fraternal courtesy without conceding to the physician who acts for him the fees accruing from the duties discharged by the latter.

SEC. 2. Obstetrical and surgical cases involve unusual fatigue and responsibility, and it is just that the fees accruing therefrom should belong to the physician who attends them.

*Article IV.—Duties of Physicians in regard to Consultations.*

SEC. 1. A complete medical education, of which the diploma of a medical college is the formal voucher, furnishes the only presumptive evidence of professional acquirements and abilities. But the annals of the profession contain the names of some who, not having the advantage of a complete medical education, became, nevertheless, through their own exertions and abilities, brilliant scholars and successful practitioners. A practitioner, therefore, whatever his credentials may be, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship, nor his aid rejected, when it is desired by the patient in consultation. No difference in views on subjects of medical principles or practice should be allowed to influence a physician against consenting to a consultation with a fellow-practitioner. The very object of a consultation is to bring together those who may, perhaps, differ in their views of the disease and its appropriate treatment, in the hope that, from a comparison of different views, may be derived a just estimate of the disease and a successful course of treatment.

No tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive science. Its history

shows that what is heresy in one century may and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or "regularity." It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee :

1. A truly fraternal good will and fellowship among all who devote themselves to the care of the sick.

2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science—as it exists in all sects and schools of medicine—as the essential qualification of a physician.

3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness entrusted to his care.

The physician may, with propriety, decline to meet a practitioner of whose inimical feelings towards himself or of whose general unfairness in consultations he is satisfied. But in such a case he should explain to the patient his reasons ; and if the patient desire the opinion of the practitioner objected to, the family physician may withdraw from the case and allow the other to be sent for. But in justice to the latter the state of affairs should be explained to him at the time he is requested to visit the patient.

SEC. 2. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations together ; and this is generally practicable, for society allows the plea of professional engagements to excuse the neglect of all others, and to be a valid reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period of time, after which the consultation should be considered postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe ; but if it be the consulting physician, he should retire without seeing the patient, except in cases of emergency, or when he has been called from a considerable distance, in which case he may examine the patient, and give his opinion in writing and under seal, to be delivered to the attending physician.

SEC. 3. In consultations no rivalry or jealousy should be indulged in. Candor, probity, and all due respect should be exercised towards the physician in charge of the case. If the consulting physician cannot agree with him respecting the nature and proper treatment of the case, the physicians should state this fact to the patient or his nearest friend, both physicians being present at the time, and should request him to select the one in whom he has most confidence. But if they agree sufficiently to take joint charge of the case, then the consulting physician must justify and uphold, so far as he can conscientiously do so, the practice of the associate, and must abstain from any hints, insinuations or actions which might in any way impair the confidence which the patient reposes in him, or affect his reputation. He must refrain from any extraordinary attentions or assiduities calculated to ingratiate himself in the patient's favor and to supplant his associate.

SEC. 4. In consultations the attending physician should first put the necessary questions to the patient. After this, the consulting physician should make such additional inquiries and examinations as may be needed to satisfy him of the true nature of the case. But he should avoid making a parade of examining the patient more thoroughly than had been done

before ; rather suggesting to the attending physician, where this is possible, to make whatever examinations he desires, than making them himself. Both physicians should then retire to a private room for deliberation.

SEC. 5. In consultations the attending physician should deliver his opinion first ; and, when there are several consulting physicians, they should express their opinions in the order in which they have been called in. Should an irreconcilable diversity of opinion occur, when more than two physicians meet in consultation, the opinion of the majority should be regarded as decisive ; but if the number be equal on each side, the decision should rest with the attending physician. If two physicians, in consultation, cannot agree, they should call in a third to act as umpire. If this be not practicable, the patient must be requested to select the physician in whom he is most willing to confide. The physician who is left in the minority should, without any ill-feeling, retire from the consultation and from any farther participation in the management of the case ; and, in justice to the physician thus retiring, the fact of his difference from his associates should, in the presence of all the physicians attending, be explained to the patient as his reason for withdrawing from the case.

SEC. 6. The attending physician should communicate to the patient or his friends the directions agreed upon in the consultation, as well as any opinion which it may be thought proper to express. But no statement or discussion should take place before the patient or his friends, except in the presence of all the physicians attending, and by their common consent. And no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence. No decision arrived at in a consultation is to be regarded as restraining the attending physician from making such variations in the treatment as any subsequent change in the case may demand. But such variation and the reasons for it ought to be carefully noted at the time, and detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency when the attending physician is out of the way ; and similar explanations must be made by him at the next meeting.

SEC. 7. Sometimes a special consultation is desirable in cases in which the continued attendance of two physicians might be objectionable to the patient. The consulting physician, in such a case, should sedulously avoid all further unsolicited attendance. Such consultations require an extraordinary outlay of time and attention, and at least a *double honorarium* may be reasonably expected.

SEC. 8. The consulting physician cannot, with propriety, take exclusive charge, at any time, of the patient in whose case he has been called in consultation, without the consent of the attending physician, except in cases provided for by the third sentence of Section 3, and by the fourth sentence of Section 5, of this Article.

#### *Article V.—Duties of Physicians in Cases of Interference.*

SEC. 1. Medicine is a liberal profession, and those admitted into its ranks should base their expectations of success upon the extent of their qualifications, not upon intrigue or artifice. A physician should not allow himself to feel envious or jealous of a brother-practitioner. The distinction which one successful physician wins is shared by the whole profession. Nor should a physician suffer himself to feel ill-will towards another who may come into his neighbourhood and appears likely to take a share of the business which he has hitherto enjoyed. Such feelings are inconsistent with the beneficent and liberal nature of the profession. Liberality, and true generous fraternity in thought, word and deed, will unite the interests of all the members of the profession, and will so exalt the estimation in which it is held in the community that, confidence being increased, business

will likewise increase ; and to physicians will be accorded the position which, of right, should be theirs : that of confidential family advisers in all matters pertaining to the care of the body in health, no less than in sickness.

SEC. 2. The physician, in his intercourse with a patient who is under the care of another practitioner, should observe the strictest caution and reserve. No meddling questions should be asked in any interview for business or friendship, no disingenuous hints thrown out relating to the nature and treatment of his disorder ; nor should the patient be allowed to converse upon these topics. No course of conduct should be pursued which might, directly or indirectly, tend to diminish the trust reposed in the physician employed.

SEC. 3. A physician should not take charge of a patient who is, or has recently been, under the charge of another practitioner in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or has been regularly notified that his services are no longer required. Under such circumstances no unjust or illiberal remarks should be made or insinuations thrown out in relation to the treatment pursued by the previous physician. Nor should the physician permit the patient unreasonably to find fault with his predecessor. For patients often become dissatisfied with their attendant on account of the mere duration of a case which no degree of professional knowledge or skill could have shortened.

SEC. 4. In cases of accident or sudden emergency, one or more physicians are often sent for by alarmed friends. Courtesy should assign the patient to the first of these that arrives ; and he should select from those present such additional assistance as he may deem necessary. But he should also request the family physician (if there be one) to be sent for, and, on his arrival, resign the case into his hands. The practitioner of the patient, when he arrives, should take the place of any one called in his absence. "The practitioner of any patient" is the man whom he has in any way given to understand that he regards him as his medical adviser, or who would now be in charge of the case were it not for his absence, sickness or other disability.

SEC. 5. In a sparse population, a physician when visiting a sick person may be desired to see, in an emergency, a neighbouring patient, who is under the regular charge of another physician. The conduct to be pursued on such an occasion is : to give advice adapted to present circumstances ; to interfere as little as possible with the general plan of treatment ; to assume no farther direction of the case unless it be expressly desired ; and, in the latter case, to request an immediate consultation with the practitioner previously employed.

SEC. 6. A wealthy physician should not give advice *gratis* to the affluent, because his so doing is an injury to his professional brethren. The office of the physician can never be supported as an exclusively beneficent one ; and it is defrauding, in some degree, the common fund, when fees are dispensed with which might justly be claimed.

SEC. 7. When a physician who has been engaged to attend a case of midwifery is absent and another is sent for, if delivery is accomplished in the absence of the former, the latter is entitled to the fee, but he should resign the patient to the practitioner first engaged.

#### *Article VI.—Of Differences between Physicians.*

SEC. 1. Diversity of opinion and opposition of interests may, in the medical, as in other professions, sometimes occasion controversy and even contention. When such cases occur and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a court-medical.

*Article VII.—Of Pecuniary Acknowledgments.*

SEC. 1. Some general rules should be adopted by the physicians in every town or district, relative to pecuniary acknowledgments from patients. These should be adhered to by physicians as uniformly as circumstances will permit. They serve, likewise, as a standard to which appeal may be taken in cases of doubt or dispute.

SEC. 2. Members of the medical profession have been so uniformly in the habit of attending, gratuitously, the indigent sick, and, in general, of answering every call promptly and without a question as to whether they are to receive remuneration therefor, that many persons seem to think they have a right to demand the services of physicians; and do, in fact, call upon them freely, and neglect or refuse to render any pecuniary equivalent, although abundantly able to do so. They impose upon one physician, in this way, until they have exhausted his patience, and then call upon another; and thus, in the course of a few years, make the circuit of the profession in their neighbourhood. It is proper for the physicians of a community to make a list of the names of such individuals, and to demand, before visiting those whose names are on it, adequate security that their *honorarium* will be paid.

## PART III.

## THE RECIPROCAL DUTIES AND OBLIGATIONS OF PHYSICIANS AND THE PUBLIC.

*Article I.—Duties of Physicians to the Public.*

SEC. 1. As good citizens, it is the duty of physicians to be vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens. They should be always ready to give counsel to the public, in relation to matters appertaining to their profession; as, for example, on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations, the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in relation to the medical police of towns, drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases. And, when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of suffering, and the saving of life, even at the risk of their own lives.

SEC. 2. Physicians should always be ready, when called on by the proper authorities, to enlighten coroners' inquests and courts of justice on matters strictly medical, such as involve questions relating to insanity, legitimacy, or sudden and violent deaths, and in regard to the various other subjects embraced in the science of medical jurisprudence. But, in these cases, and especially where they are required to make post mortem examinations, it is just and right, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them more than a mere consulting fee.

SEC. 3. There is no profession, by the members of which eleemosynary services are more freely dispensed than they are by physicians; but justice demands that some limits should be placed to the claims upon such offices at their hands. Poverty, professional brotherhood, the benevolent and scantily remunerated occupation of the individual patient, and certain of the public duties referred to in Section 1 of this Article, should always be recognized as presenting valid claims for gratuitous services. But neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any

profession or occupation can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, or perform military duty, or to certify to the state of health of parties wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to indigent persons such professional services should always be cheerfully and freely accorded.

*Article II.—Obligation of the Public to Physicians.*

The benefit accruing to the public, directly and indirectly, from the active and constant labors and beneficence of the medical profession are so numerous and important, that physicians are justly entitled to the utmost consideration from the community. The public ought, likewise, to entertain a just appreciation of the proper qualifications of a practitioner of medicine; to make a due discrimination between true science and the assumptions of ignorance and empiricism; to afford every encouragement and facility for the acquisition of medical education, and not to allow the provisions of their statute-books or of the prospectus of their chartered institutions to interpose any obstacles to the attainment of the fullest knowledge of every branch of medical science, or, in any way, to restrain the most entire freedom of thought, investigation, and action in matters appertaining to the practice of medicine.—*Transactions of the American Institute of Homœopathy*, 1881.



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THE PROPOSED DIPLOMA OF LICENTIATE IN  
HOMŒOPATHY OF THE LONDON SCHOOL  
OF HOMŒOPATHY.

A New Medical Bill, revising the Medical Act now in force, is about to be brought on the anvil of the British legislature, and British physicians practising homœopathy have become naturally anxious about the fate of the clause which has hitherto secured freedom of opinion in the practice of the Healing Art, when subjected to the violent hammering of parliamentary discussion. This will depend upon the number of members in both Houses who are not only zealous for freedom in science but who really have profited by homœopathy and therefore have strong convictions about its truth. The doctor's influence is very great all over the world and orthodox doctors still form a very large majority. It is true the ministry is liberal, but a liberal ministry is not always and in every subject representative of liberal ideas. The late Lord Beaconsfield, though a conservative, was a liberal patron of science and an advocate of the utmost freedom in matters scientific. He was a believer in homœopathy, and had a reputed homœopathic physician to attend him in his sickness. If his lordship had been at the helm of Parliament, there would have been probably but little cause for anxiety, much less for alarm. Mr. Gladstone is evidently not a believer in homœopathy, and we do not expect much from him for freedom in medicine.



Besides the doubtful attitude of Parliament towards homœopathy, the general situation, as far as the whole profession is concerned, is anything but favorable. In fact, with the gradual advance of the system, new difficulties and dangers have made their appearance. These difficulties and dangers, as we have often had occasion to point out, are to be apprehended not only from the ranks of orthodoxy, but no less from the ranks of the new school itself. Orthodoxy has absorbed, and is daily absorbing, the most precious discoveries which we owe to the genius of Hahnemann, and is actually palming them off as its own discoveries. Pressed hard for an explanation of the action of these drugs, orthodox physicians and orthodox editors have the hardihood to avow their faith in the opposite action of large and small doses as if it was an axiomatic truth, and then declare with an effrontery, audacity and ignorance, which would not be excused in any but the species of men who glory in the sublime uncertainty of medicine,—declare that homœopathy is nowhere! Then again the tricks, the machinations, the subterfuges, which are being had recourse to by shamed orthodoxy to discredit the new system and its followers, are annoying and not altogether impotent for evil. Witness the recent move of the Royal College of Physicians of London. What a magic is there in the expression “trading in a designation,” and how skilfully has it been used to smother a system of which the truth they cannot but feel, and disgrace the advocates of the system, whose power to do good where they fail they look upon with horror and abhorrence.

Such being the “situation,” it is natural that British physicians practising homœopathy not only should have stirred themselves to be ready for it, but should be acting so promptly as to take time by the forelock and be the masters of the situation if possible. It is proposed to present a petition to Parliament with the object of securing a recognized position to Homœopathy in the new Act. Accordingly a petition, drawn up at the instance of Dr. Bayes, “always in the front in energy and activity when an opportunity offers of aiding the cause of homœopathy,” was submitted to a meeting of many influential practitioners of homœopathy on January 26, “and, with some modifications, adopted as expressing the wishes and views of the new school.” It is thus summarized by our excellent contemporary of the *Monthly Homœopathic Review* for March:—

The preamble states that our claims deserve serious consideration in the new Bill.

The first clause of the petition prays that the clauses of the Act of 1858, which protected the student holding homœopathic beliefs from being rejected in his examination on that account, be continued; and that, in addition, the right to teach such views be permitted without fear of refusal of recognition by the Medical Council on that score.

2. That it be made illegal to exclude any man from the staff of a hospital or dispensary, or a professorial chair, on account of his holding homœopathic beliefs.

3. That it be made illegal for any medical corporation to pass laws, or bye-laws, advising its members to refuse to consult with homœopaths, as such, or to attempt to enforce any penalties on their members for so doing. In other words, to prevent medical "boycotting."

4. That full liberty of thought and action shall be permitted in the practice of the profession, and that combinations to prevent this be rendered illegal.

5. That in the Medical Council homœopathy be fully represented.

6. That in order to strengthen the hands of the London School of Homœopathy, a charter of incorporation be granted.

7. That this School should be empowered to grant to those students who satisfactorily pass an examination in homœopathy a diploma or certificate of such knowledge, to be called the "L. H." or Licentiate in Homœopathy.

Lastly, that provision be made for the establishment of new schools of medicine, which are not to be refused recognition on account of theories of practice being there taught other than those at present taught in the schools.

It is very hard and very unpleasant to differ from eminent colleagues on certain points when we cordially agree in all others. But we cannot help thinking that it is most unfortunate that our colleagues should have thought it necessary to come down from the safe general position of praying for medical freedom to the disputable position of not only praying for the recognition of homœopathy but also praying for the granting of a charter of incorporation to the London School of Homœopathy, and of empowering it to grant a diploma. We have as much at heart the interests of homœopathy as any of our confrères of England. We yield to none in our appreciation of, and allegiance to, the system. But we differ as to the mode of propagating it and securing it its rightful recognition. If homœopathy had been the whole healing art—if it had been the alpha and omega of medicine—there could have been no difference of opinion on the question. But as we have again and again pointed out, the fact is otherwise. Homœopathy represents one method, and we have always admitted, the best method of drug-selection yet discovered for the treatment of disease. But it is not the only method, and even as a method it is far from being complete and perfect. Its shortcomings, inherent and accidental, necessitate the recognition and use of other methods, and of other procedures, not reducible to method, but no less valuable as precious fruits of long observation. Such being the case,—and that such is the case is admitted by all but bigots,—it is of absolute importance for the sake of suffering humanity to see that there be no sectarianism in medicine, that no one method, so long as perfection is not arrived at, be allowed to dominate over the minds of physicians so as to tempt them to

ignore the existence of others which are useful in their own spheres.

The question to decide is whether, if a charter of incorporation be granted to the London School of Homœopathy, and if further the School be empowered to grant a diploma of Licentiate in Homœopathy, homœopathy would not be stereotyped in its sectarian position. That the sectarian position of homœopathy was a necessary consequence of Hahnemann's intolerance cannot be denied; that it has continued in that sectarian position from the intolerance of orthodoxy, is equally undeniable. But it behoves every scientific homœopathic physician to remove this sectarian and exclusive position, to remove this stigma from both homœopathy and the Profession. With the exception of those who delight in the name of pure Hahnemannian and who are Hahnemannian in nothing but the name, this is the feeling of the majority of the homœopathic body, of all right minded physicians who, recognizing in homœopathy the most advanced point yet reached in therapeutics, does not look upon it as the ultimatum of medicine. It is, we are glad to say, the feeling of Dr. Richard Hughes with whom originated the proposition of granting the diploma of L. H. from the London School of Homœopathy. "I am one of those," says he, "who hope to see ere long a complete absorption of the homœopathic body in that of the profession at large. It can only come when the method of Hahnemann is recognized as legitimate; but such recognition cannot much longer be delayed." Dr. Hughes is also one of those who deprecate the assumption of a distinctive designation—as by putting "Homœopathist" on card or door-plate. It is necessary, therefore, that we should examine with great care the arguments he has advanced in favor of the proposed diploma.

These arguments, Dr. Hughes has stated with his usual clearness in the *Monthly Homœopathic Review* for March. The "primary object" of the diploma he avows to be "to increase the School's opportunities of usefulness by holding out an additional inducement to students to attend its instruction. We have been crippled hitherto in this respect from being unable to give a qualification for practice, or to have our lectures counted as part of the required curriculum. The institution of L. H. will do some thing to supply this deficiency. In it the student will have an addition to those significant letters which other institutions enable him to append to his name, and which are his pass-port to the practice at which he aims." The secondary object is stated to be to "supply that great desideratum—a means whereby the laity may know a man's qualification to treat them homœopathically. They have it for medicine, surgery, veterinary, and dental surgery, pharmacy, &c., in the L. R. C. P., M. R. C. S., and

such like designations, bestowed by various examining bodies. It is confessed to be a duty on our part to provide them with practitioners instructed in homœopathy: it is a logical inference that we should certify them of that instruction having been gained, and should do so in the usual manner."

Dr. Hughes sees nothing unprofessional or sectarian in the step which he has caused to be taken by the London School of Homœopathy. He objects to putting "homœopathist" on card or door-plate, that is, he objects, very properly, to being called a homœopathist; and still he sees nothing wrong in putting L. H., signifying Licentiate in Homœopathy, after his name. "A man must have," says he, "if he be a beginner or settler in a new place, some mode of making it known that he is prepared to treat patients homœopathically. At present he is tempted to do this by illegitimate means. In the L. H. we give him one which is just the reverse, which stands on the same footing as his 'M. R. C. S.,' his 'L. R. C. P.,' or—more particularly—his 'L. M.,' of which it is in almost every respect an analogue." We must confess we do not understand by what "illegitimate means" a qualified practitioner now makes it known that he is prepared to treat patients homœopathically. If the "L. H." alone would be the legitimate means then all who have practised homœopathically, from Hahnemann downwards, must have done so by illegitimate means. An "M. R. C. S.," can put "surgeon," an "L. R. C. P." can put "physician," an "L. M." can put "accoucher" on his card or door-plate; there would be nothing unprofessional in this procedure. Why, then, if the "L. H." is in every respect an analogue, should the possessor of it be forbidden to use the word "homœopathist" after his name? This very view of the question shows, and it is strange that Dr. Hughes did not see it, that there is no analogy between the proposed "L. H.," and the "M. R. C. S.," "M. R. C. P.," and "L. M." These latter titles signify proficiency in distinct branches of the Healing Art, whereas the "L. H." would only represent proficiency in a method of drug-selection which must be common to all the branches of medicine. The branches of the Healing Art, such as medicine proper, surgery, midwifery, &c., would remain distinct and separate whatever theory or method of drug-selection may be in vogue at a particular time. But a theory or method of drug-selection may or may not continue permanent, and if it does, it will be only one of many; and in the present state of therapeutics we ought not to fetter the judgment of the practitioner to a particular theory or method.

If Homœopathy claims this freedom from the public, and indeed lives by that freedom, its professors ought to take particular care that nothing that they do may have the effect or even

appearance of restricting the freedom of others. We submit, as has been well pointed out by Dr. Francis Black, the creation of the diploma in question will have this disastrous effect. This will be still further evident from the collateral proposition that has been made, namely, "to ask those already in practice to apply for the honorary diploma." Why? The *Review* replies—"to give an immediate value to the L. H.," "to serve as an example to the young men, and to render the possession of it by a man commencing practice absolutely necessary, and the non-possession of it a ground of suspicion of his knowledge of this mode of treatment." We can well imagine what the veterans of homœopathy will think when asked by the London School of Homœopathy to apply to it for the honorary diploma of Licentiate in Homœopathy. It is far from our mind to say anything in disparagement of the School itself, which has done and is doing eminent service in the cause of homœopathy, but we would be wronging fact and doing injustice to our veteran workers if we had not the courage to say that notwithstanding the distinguished character of its professoriate, in making this proposition the School has made itself ridiculous by arrogating to itself a prestige and an authority which it does not possess. Besides, it is strange that the authorities, and especially such a clear-headed man as Dr. Hughes, did not see the incongruity of the School granting its diploma to its own professors, that is, the professors receiving their diplomas at their own hands.

Then again, if the diploma is looked upon as "*absolutely necessary*" to the commencing practitioner, and "the non-possession of it a ground of suspicion of his knowledge" of homœopathy, how few, under such circumstances, will be disposed to gradually feel his way to the practice of the system, as we believe most practitioners have done. The inevitable consequence of this will be a diminution in the number of true adherents of homœopathy on the one hand, and on the other an increase in the number of crypto-homœopaths as Dr. Black calls them, that is, of those who will practise the system clandestinely;—in either case a positive loss to homœopathy. But a third result, worse still, will be the intensification of the sectarian position of Homœopathy, chiefly as represented by the London School, and its diploma-holders.

That the proposed step has been a mistake even from the point of view of Homœopathic physicians will abundantly appear from the letter of a Pure Hahnemannian published in the *Lancet* and the replies thereto from Drs. Pope and Hughes and the rejoinder by the Pure Hahnemannian. These letters have disclosed the unfortunately unsettled state of homœopathy itself, and the serious differences that exist amongst those who have declared

their faith in the system. If there are homœopaths who believe, and who therefore think it their duty to tell the public, that Homœopathy is not taught in the London School of Homœopathy, what are the public and the legislature to think of such expressions of opinion? and what confidence can be placed in the diploma granted by a School whose very competency to teach homœopathy is questioned by homœopaths? The public will not care to examine the legitimacy of the claims of the very numerous sects, into which the homœopathic body has been split, to the possession of a correct knowledge of homœopathy. They will be perfectly justified if they ask homœopaths to settle their differences amongst themselves before they ask for public recognition.

It is no wonder then that the proposed diploma should have raised such a storm of protest against it from amongst the homœopathic body itself. The British Homœopathic Society has condemned it as being contrary to the spirit of its laws, and as damaging to the position of homœopathic physicians as members of the medical profession. Dr. Compton Burnett, appointed by the London School as one of the examiners for the granting of the diploma, has felt it his duty to withdraw entirely from the whole scheme. Other eminent homœopathic physicians have condemned it as unprofessional, sectarian, illegal. Dr. Francis Black writes of it, that "instead of this step exercising 'a wise foresight,' it is, in my opinion, most ruinous, instead of being 'a measure of defence,' it is the most destructive course which can possibly be taken." Dr. Ker has written—"to say that the step is not a sectarian one is contrary to the fact. Whatever has the effect of rounding us off into a distinct body, and of throwing us more out of the pale of recognized medicine, must be sectarian, and that this licentiate ship will have this effect there can be little doubt." In fact, the homœopathic journals are being flooded with protests, of which the have given a few specimens above.

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### Acknowledgment.

*The Indian Homœopathic Review*, April, 1882.

*The Homœopathic World*, April, 1882.

*The North American Journal of Homœopathy*, February, 1882.

## LYCOPODIUM CLAVATUM.\*

## PATHOGENESIS.

**INTELLECTUAL AND MORAL FACULTIES** :—alternation of *excessive*, unnatural, grimacing gaiety, and of ill-humor and impatience ; weeps and laughs without motive ; taciturn mood, *fearful*, defiant, obstinate, violent and irascible.

Timidity and *indecision* ; sadness and *discouragement* ; misanthropy, despair and melancholy. After annoyance, depression with palpitations of heart and trembling.

Distraction ; *weakness of memory* ; trouble, confusion, or loss of ideas ; difficulty of thinking and reflecting.

Verbal amnesia and *aphasia* : he speaks one word for another, (speaks of plums when he means pears,) expresses himself in words which do not convey his ideas, does not recognise name or meaning of letters. He can write words exactly, but cannot read what he has written.

*Hallucinations of hearing*, in the evening (might be in a state of dreaming).

*Agitating*, quarrelsome, and disputatious *delirium*.

*Like most of the symptoms of Lycopodium the moral and intellectual ones appear regularly towards 4 o'clock in the afternoon and cease about 8 in the evening.*

**SLEEP** :—Frequent yawning, somnolence, irresistible inclination to sleep during the day, and *especially after eating* ; heaviness of head, and depression on waking.

*Insomnia* in the first half of the night, agitation ; preoccupation with events that occurred the day before ; frequently interrupted sleep ; disquieting and anxious dreams which continue after waking ; starts, speaks loudly, cries, weeps and laughs ; nightmare and coldness of feet. On waking, fatigue and dulness, numbness of right side of the body ; mournful ideas. The dreams, which are very frequent, are usually frightful and terrible, more rarely agreeable.

**SENSIBILITY ; PAINS**.—The intermittent return or aggravation of symptoms, from 4 in the afternoon, to 8 in the evening, deserve to be noted always.

Nervous excitement and *general malaise* with dimness of sight, and *necessity to lie down* wherever he happens to be ; shooting

\* This article has been translated from the French of Dr. Piedvache in *L'Art Medical* for January. It gives a very good resumé of the pathogenetic symptoms and therapeutic uses of a drug which is one of the many monuments to the genius that discerned development of power, for affecting health and by virtue thereof of curing disease, in even the most inert substances by the process of minute subdivision. A first rough translation was furnished to us by our friend Babu Akhil Nath Pal, L. M. S. This was no small help when we consider how very much pressed we are for time. It gives us great pleasure to state that Babu Akhil Nath, who graduated in the Calcutta Medical College in 1876 and was enjoying a lucrative practice at Bâli, has given up that practice for the sake of Homœopathy.—Ed.

and twitching in various parts of the body; general aching and desire for open air; but the very act of going out for air is accompanied with anxiety and an attack of vertigo.—Cutaneous hyperæsthesia.

The diseases of the head are chiefly nocturnal; they are aggravated by motion; each step determines vibration in the head. Pulsations within the cranium with heat and humming noise.

Congestive frontal cephalalgia, accompanied with tingling and roaring in the ears, nausea, faintness and vertigo. This generally happens in the morning, and gets complicated with heaviness in the eyes, and great intellectual torpor. *Excessive sensibility of the hairy scalp to touch.*

Undefined pain along the *nerves of the face*, with evening aggravation, and muscular twitching, recalls to our mind the convulsive spasms of *tic-douloureux*.

*Odontalgia* almost chiefly nocturnal, aggravated by touch, after eating, and by cold and heat.

The pain in the *neck and trunk* are tearing, and follows often the course of nerves (the cervico-brachial for example).—Lumbago also when lying down.

The pain in the limbs, exaggerated with redoubled force in the night, appear to follow either the direction of the muscular fascia or the course of nerves. They are accompanied by a sensation of cold or heat, numbness, cramps, and involuntary startings. Movement aggravates them. One symptom points to *sciatica*: pain extending from the hip to the leg, obliging one to limp when walking, returning every 4th day.

ORGANS OF THE SENSES—*a. Sight*.—Symptoms of *blepharitis*, from pruritus, morning agglutinations, even to ulceration of the margins of the lids, with excoriating secretions. Conjunctivitis (catarrhal) with tumefaction of eyelids; tearing; photophobia, abundant lachrymation, afterwards *purulent secretion*.—Suppurating *styes*. Slight *amblyopia*: *muscæ volitantes*, sparks of fire before the eyes. Difficulty of accommodation, chiefly presbyopia. *Vertical hemiopia*: he sees, at least distinctly, only the left half of an object; whether seen with one eye or with both, but worse with the right.

*b. Hearing*.—Humming, roaring, clucking, noise of boiling water, and tingling in the ears. Exaggerated sensibility to sound; secondarily, *hardness of hearing*.

*c. Smell*.—Acuteness of the sense of smell; secondarily, loss of sense of smell.

SKIN.—Intense *pruritus*, more marked in the evening; the scratching produces a kind of urticaria, specially in the neighbourhood of joints; furuncles; liver spots. Suppurating eruptions on parts covered with hair; on the face resembling impetigo, and on the back of ears. Falling of hairs.



**Pustular eruptions on the limbs** (*impetiginous eczema? ecthyma?*)  
**Excoriations of the angles of the mouth.** Swelling of the lips, with febrile condition (*herpes?*), chilblain on the little finger; *oedema of feet and legs; anasarca.*

**MOTILITY AND LOCOMOTOR APPARATUS.**—*Epileptic fits* with cries, violent shaking of limbs, foam in the mouth, preceded by an aura in the upper or lower limbs, and followed by profound coma.

Partial clonic convulsive attacks every eighth day.

Shaking (convulsions) in the evening or whole night with dyspnoea and anxiety; at the same time *general trembling* without cold.

The symptoms of *spasms, involuntary starts, and partial rhythmic tremblings* are numerous. They have the peculiarity of invading particular groups of muscles, rather than single muscles.

**Head.**—Spasmodic contraction of the hairy scalp; drawing up of the muscles of the forehead, with enlargement of the opening of the eyelids, and afterwards drawing down of the skin with closing of the eyelids. Spasmodic jerking of the left lower lid; the muscles of the cheeks and lips raise up the left labial commissure, or alternately contract and enlarge the orifice of mouth. Involuntary and rhythmic movements of the lower jaw, which is carried sometimes forwards and sometimes backwards. The tongue is protruded or retracted alternately; involuntary clacking of the tongue, which produces successively the sound of *a* and of *o*; a peculiar stammering, only the last word of a phrase being intelligible.

**Neck.**—Involuntary muscular contraction carrying the head to the left. Involuntary nodding and shaking of the head, now to the right now to the left, or forwards and backwards, and vice versa. Stiffness and tension of the muscles of the nape of the neck.

**Back.**—Painful contraction of the muscles of trunk; curvature of the spine in a child, lasting several weeks; stiffness and inflexibility of the muscles of the back and loins.

**Shoulders.**—Involuntary jerking upward of one or the other shoulder; or else they are moved involuntarily backwards or forwards.

**Superior extremities.**—Spasmodic starting and muscular trembling of the muscles of the arm; cramps in the hands and fingers; involuntary movements of the hands; jerking of the index finger.

**Inferior extremities.**—Contraction and involuntary stretching; slight shaking and projection of the legs forwards during sleep; convulsive trembling; violent involuntary movement, and repeated painful shakings at first of the right then of the left extremity. Cramps in the calves. The toes are stretched and again drawn together involuntarily. The toes and fingers contract simultaneously.

Weakness and paralysis of the muscles of neck; constant fall-

ing of head forwards and vertigo. Lassitude and weakness of the limbs.

*Arthritic symptoms*:—generally subacute or chronic; stiffness and cracking in the joints during motion, pain in elbow during flexion; of the wrist, metacarpus, and fingers (redness and swelling); of the hips (?); in the knee there is a fixed painful spot at the internal condyle, which is aggravated at four in the afternoon; knees swollen and semiflexed; stiffness of the tibio-tarsal articulation, swelling of the tarsus; redness, pain and tumefaction of all the toes and specially of the great toe.

CIRCULATION AND CALORIFICATION.—*Palpitations of the heart* with faintness and yawning, in the evening, night, early morning, after slight exertion or emotion. *Pulse*—small, soft and accelerated, more when standing than sitting. General pulsations after eating.

*Hæmorrhage*: epistaxis, slight hæmoptysis, hæmatemesis, and hæmaturia.

*Attacks of quotidian fevers*: ordinarily between 3 and 8 in the evening. Sometimes the shivering is wanting, but generally it is intense and accompanied by icy coldness, twitching in the trunk and limbs, occasionally nausea and vomiting. In other cases the hot stage is wanting, perspiration following a restless sleep which succeeds the chilliness. It is observed also that the attack commences with burning heat, rectal tenesmus, frequent but not much copious emission of urine; also tertian attacks of the first stage only. Onset of catarrhal fever with shivering.

Easy and habitual coldness specially of the extremities, throughout the day or after meals; continual shivering with frontal headache which is relieved by motion; *very painful sensation of internal cold*; coldness of the toes even to cyanosis.

The heat in the head coexists frequently with coldness of the extremities; circumscribed redness of the cheeks. *General febrile heat* in the night with pale face, dyspnoea, necessitating deep inspirations. Sweat in the morning or in the night (after midnight), having a bad smell and sometimes confined to the trunk or to the articulations.

RESPIRATION.—Dryness and obstruction of the nostrils. Profuse and violent *coryza* with swelling of the nose and headache. Nasal secretion is acrid, foetid, excoriating the upper lip. *Ulcerations within the nostrils*. Crusts and stoppage in the nostrils, obliging one to sleep with the mouth wide open; preservation of the sense of smell. *Epistaxis* principally after midday.

Dryness of the larynx; hoarseness specially in the afternoon; the chest becomes raw and sore in speaking; violent scratching and crawling in the trachea wakes him in the night; nasal speech.

Oppression in the chest; tracheal whistling in breathing; anxious dyspnoea stronger in the night, aggravated while walking, and in the open air, during exertion and dorsal decubitus; congestion of the chest; *suffocation* from slight exertion.

Symptoms relating to acute bronchitis; violent pain in the chest, afterwards cough, and greenish sputa; pleurodynia, right and left; pressure in the region of the heart.

The cough is dry, hollow, and rough even during sleep, aggravated when lying down, in the night, or between 3 and 4 in the afternoon. It is excited by deep respiration, drinking and empty deglutition, and also when stretching the neck; it is preceded by embarrassment of respiration, and begins with titillations in the larynx and trachea, as from vapor of sulphur. It is accompanied also by pain and throbbing in the head and concussions in the chest, vomiting, and followed by great weakness.

The *expectoration* is liquid and saltish at first, then yellowish green, purulent, particularly in the morning, when it is easier and comes on sometimes without cough; whereas, it is scanty, and is thrown up with difficulty in the night. Grayish sputa with bad smell, of a bad taste or with streaks of blood; *slight hæmoptysis*.

The cough and purulent expectoration are accompanied by *hectic fever, nocturnal sweat, and progressive emaciation*, (symptoms described by Hahnemann.)

**DIGESTIVE FUNCTIONS:**—Dryness and bitterness of the mouth, foetid breath.

Tongue slimy, swollen, and painful; aphthæ on the tongue, ulcerations in the neighbourhood of the frænum; abundant salivation.

Excessive appetite, *bulimia*; secondarily, *anorexia* and disgust for food, especially for meat; food has a bitter, sweetish, or putrid taste. *Thirst* continual and excessive, with dryness of the lips; but repugnance to drinking as soon as he desires to drink.

*Gastralgia* with pain and constriction of the chest, precordial anxiety, nausea, efforts to vomit and aphonia, all ceasing after strong eructations. Cramps in the stomach, in the morning, with sensibility to touch and desire for eructations, and nausea. The pain is excited by vexation. The aliments seem to fall upon a part quickly.

*After meals:* eructations acid foetid or bitter, pyrosis, violent epigastric pain and anxiety; fulness of stomach, tasteless or saltish regurgitations, afflux of liquid in the mouth, vomiting of food, mucus, or bile, pain in the head and nape of neck; immediate distension of the stomach and abdomen, sensitive to touch, relieved by eructations; gurgling and borborygmi; coldness of the extremities with heat of head; general arterial pulsations; colic and painful emission of wind, urging to go to stool, at last irresistible sleep (grand characteristic). *Hæmatemesis* of coagulated blood.

*Obstinate constipation*, scarcely any inclination to go to stool. The stools are hard, difficult to pass, painful and followed by failure of the rectum; pain in the perænium and inertia of the rectum. Stools fragmented, soft or followed by liquid matters.

*Diarrhæa* (comes on secondarily) frequent with tenesmus, contraction, dryness, and pruritus of anus.

*Hæmorrhoids*—painful tumefied, protruding, and bleeding.

*Liver painful* on pressure, tumid, and seat of painful shooting.

*Ascites* (?) with œdema of lower extremities. Painful tension in the region of the spleen.

**NUTRITION.**—We have already noted the progressive emaciation and hectic fever simulating the last stage of phthisis pulmonalis, and also the sub-cutaneous serous infiltration commencing from the legs.

The face is remarkable for certain alternation in its features, more pronounced after meals and in the morning; eyes surrounded by a blue ring and sunken; complexion discolored, and yellowish with puffiness and frequent heat. Color of skin, face and conjunctivæ sub-icteric.

**URINARY SECRETION AND EXCRETIONS.**—Certain painful symptoms, (lumbar pains, with irradiation to the abdomen and inguinal canal) resemble *nephritic colic*.

*Urine less abundant*, dark, ammoniacal, and sedimentous. Urine yellowish. Secondarily urine abundant and pale. The sediment is generally red, rarely black; *red sand*. *Frequent urging to urinate*; painful micturition and vesical tenesmus, strangury; pain at the orifice of the urethral canal after micturition. *Hematuria* without pain.

**GENERATIVE FUNCTIONS.**—*a. In the male*: diminished sexual desire, and defective erection preceded by a short period of excitement.

*b. In the female*: menses before time and less abundant; retardation of menses (secondary effect).

*Before menstruation*: malaise, ill-humour, melancholy and despair, maniacal delirium with weeping; distension of abdomen, heaviness of the legs, cold feet followed sometimes by heat of face.

*During the menses*: violent pruritus of the vulva, headache, foul mouth, nausea, lumbar pains, great weakness, œdema of feet, fainting fit.

*After the menses*: repeated shootings in the head.

*Leucorrhæa*: whitish or sanguinolent; excoriation in the vulva.

Shootings and throbbings, circumscribed tumefaction in one of the mammae, which is painful to touch; serous oozing from the nipple.

## THERAPEUTICS.

*Lycopodium* presents some general characteristic features which enable us to state precisely its indications. They are principally the following : nocturnal aggravation, or rather between 4 and 8 in the evening, dyspepsia with pyrosis, and insurmountable sleep after meals, great tendency to coldness and progressive emaciation.

The principal diseases in which it may be very useful are, gout, hæmorrhoidal diseases, chlorosis and perhaps hysteria.

*Gout.*—It is here indicated by arthritis in the great toe, arthritis with stiffness of several joints, tophi, muscular retractions, myalgia; nocturnal pains ameliorated by heat; gravel, hæmaturia, acid dyspepsia accompanied with distension of abdomen, engorgement of the liver, and cachexia with œdema of the extremities and ascites.

*Hæmorrhoids.*—The same visceral affections,—affections of the anus, pruritus of the anus, constipation, hæmorrhage and hypochondriasis,—specialise its employment.

*Chlorosis.*—This medicine gives us a complete picture of this disease; great weakness, horror of movement, pallor, œdema of legs, palpitations, severe dyspnœa in the night, menstrual trouble, leucorrhœa, uterine colic, anorexia, with appetite, particularly for sugar.

*Hysteria* claims it for its rhythmic movements, and muscular spasms, for its moral symptoms such as excessive gaiety and grimaces, alternating with ill humour, laughing and weeping without motive; after provocation, throbbing, palpitations, and trembling.

*Hypochondriasis.*—Gallavardin reports five cases of cure; the patients had nocturnal fear.

*Melancholia.*—Success in a case characterised by scrupulousness, and recurring between 4 and 8 in the evening (from Boenninghausen cited by Roth).

*Lycopodium* is indicated in *simple dementia* (loss of memory, confusion of ideas); in *aphasia* depending upon cerebral softening, for example.

*Facial neuralgia.*—A case of cure has been cited by Roth; its special indications appear to be great extent and mobility of pain, intensity of muscular spasms, thirst and vomiting, much throbbing, menstruation scanty, nocturnal attacks, shooting and boring in the exterior of the cranium; dental neuralgia.

*Cervico-brachial neuralgia.*—Two cases of cure (Roth.).

*Diseases of the eye.*—It is recommended in *styes*, in *scrofulous ophthalmia*, probably superficial (Roth), in *amblyopia*. It is well adapted for *vertical hemiopia* conjointly with *acid muriatic*, whereas *horizontal hemiopia* requires *aurum*.

*Affections of the ear.*—*Lycopodium* has sometimes been employed in deafness with tingling in the ears.

*Affections of the skin.*—According to Dr. Espanet, it is the principal medicine in epithelial diathesis, when the excrescences instead of being smooth are cracked.

Roth reports numerous cases of cures of *impetigo of the hairy parts*, and an equally happy case of *impetiginous eczema of the legs* remarkable for its evening aggravation. Dr. Hughes praises it in intertrigo of infants and in *granular scurf*.

*Convulsive diseases* :—A few cures of *epilepsy* in its active form. But it is the principal remedy in the treatment of tics and rhythmic movements, of tics properly so called. We cite, as clinically verified,—a case of *spasm of the orbicularis palpebrarum*, and of the proper muscles of the eyeball, which latter used to be drawn in convulsively to the fundus of the orbit (Gallavardin); cases of *lossing of the head*, forwards and backwards, or laterally (the *bear's tic*), with movement of rotation; five to six cases of tic of one of the sterno-mastoid muscles (Emery). Hahnemann appears to have employed it in *essential contraction of the extremities*.

*Affections of the circulatory system* :—The good effects of *lycopodium* in aneurisms are worth mentioning: *aortic, carotid and external iliac* (Roth, Jousset, R. Hughes). It has also rendered some service in *painful varices*, in phlebitis (Jousset), in *varicose ulcers of the leg* (Hahnemann and Roth.)

*Intermittent Fever.*—The employment of this medicine will be justified in quotidian and tertian fevers, coming on between 3 and 8 in the evening, incomplete attacks in which the hot or cold stage is wanting, and where there is dyspepsia, constipation, rectal and vesical tenesmus.

*Affections of the respiratory apparatus.*—It has been recommended with more or less of success, in *chronic coryza*, with thick and irritating discharge, stoppage of nostrils, and in spite of all these, with preservation of the sense of smell (Chargé); in *epistaxis* (Hahnemann); in *acute bronchitis* and influenza: great oppression, and spasmodic loud cough, excited by deep respiration (Jousset); *movement of the nose in breathing* (a characteristic symptom according to Chargé, copied by Daniel Wilson and cited by R. Hughes). It is also praised for its good effects in suborbital headache of influenza.

It is also used in *asthma, emphysema, dilatation of bronchi*, in *senile catarrh*, accompanying gout and hæmorrhoidal diseases, with flatulent dyspepsia, gravel, &c.; and chronic bronchitis following influenza (R. Hughes); in acute pneumonia, specially right, with complete hepatization, third stage (?) (Chargé); in *pleurisy*, with excessive stitching pain between the shoulder-

blades, with high fever, nocturnal aggravation, and the most marked point being under the shoulder blades (id.) : in *hydrothorax* complicated with aortic aneurism (id.) It is also indicated in *phthisis pulmonalis* : the fits of spasmodic cough, provoked by respiration, laughing, or drinking, dyspnoea from slight exertion, pains in the chest, purulent sputa, aggravation at night and between 4 and 8 in the evening, excessive emaciation, movement of *alæ nasi* during respiration, nocturnal perspiration limited to the chest. Clinical confirmation has not, so far, been sufficient.

*Diseases of the digestive tracts.*—Dyspepsia of travellers (with gastric embarrassment). Very chronic dyspepsia with obstinate constipation and intestinal flatulence (Jousset) ; where there is *pyrosis*, acid eructations, irresistible sleep after dinner (R. Hughes.) It is said to have stopped vomiting in a case of *cancer of the stomach* (Roth) ; the *hæmatemesis* indicates its use in *simple ulceration of the stomach*.

The special symptoms for which one prefers it in the treatment of constipation are : hæmorrhoids, considerable urgency to stools, obstructed pain in the anus, anal pruritus, and hypochondriasis. The evening aggravation of some of the accessory symptoms is not necessary, as laid down by Bœnninghausen.

*Diseases of the urinary passages.*—*Lycopodium* may be useful in *nephritic colic* (Hirschell) ; it is certainly efficacious in certain cases of gravel and hæmaturia from renal calculus, in *inflammation of the neck of the bladder* (Roth), in *acute cystitis* with *strangury* (Hirschell), or in the chronic disease.

*Affections of the genital organs.*—Roth cites a case of long standing *impotence* cured by it. This drug is also indicated in *pruritus of the vulva* with smarting, heat, and venereal excitement (Jousset) ; in *uterine catarrh* when the discharge is preceded by pain in the hypogastric region, when it is yellowish, and thicker than that of *sepiæ*, but also irritating to the external parts (id.)

*Dose.* All physicians agree in prescribing *Lycopodium* in *high dilutions*. R. Hughes himself prefers the 12th. Roth says that the constipation sometimes demands the 3rd, but the 30th seems generally sufficient.

EDITOR'S NOTES.

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## A CASE OF IODINE POISONING.

We are indebted to our friend and colleague, Babu Brajendra Nath Banerjea, L. M. S., of Allahabad, for the following case of poisoning by Iodine :—

I was called on the 18th of March last to see a girl, aged 17, thin and of nervous temperament, who had been suffering from the following symptoms :—She first noticed a severe frontal headache with burning of the stomach. Both these symptoms became gradually so severe that she was obliged to cry aloud for help. Then the conjunctivæ became injected and eyes suffused ; next she experienced difficulty of breathing and pain all over the abdomen, but more so over the pit of the stomach and pubes.

I saw her at 10 p. m. exactly an hour after she had taken the poison. I found her moaning and very restless, with tears flowing down the cheeks in streams, eyes very much congested with intolerance of light, and face and cheeks flushed. There was a good deal of cramps in the legs. Two attendants could not easily keep the legs straight from involuntary twisting. The frontal headache was now very severe ; she said that her head would burst. She also felt bearing down pains commencing about four inches above the pubes and extending down the hips. The difficulty of breathing and a sense of internal heat were very distressing. She admitted to have taken some poison to end her life, but would not disclose to any body its nature. On searching the room a phial of Tr. Iodine three-fourths full was found. She now admitted that she had taken a portion of its contents ; she had evidently taken about two drachms of this tincture.

The symptoms lasted four hours.

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## VEGETABLE DIET IN PHTHISIS.

The following letter of Anna Kingsford, M. D., in *Knowledge* for Feb. 10, is confirmatory of the observation we have made that in phthisis vegetable diet is the best, animal food aggravating the hæmoptysis where it exists, and generally bringing it on where it does not :—

“Some five years ago I had very severe symptoms of tubercular phthisis, a disease hereditary in my family. The physicians whom I consulted recommended me cod-liver oil, raw meat, and what is



commonly called 'good' living. They were however of opinion that these means would but ameliorate my condition temporarily, my fate being sealed. As I was a vegetarian, and had begun to study medicine, I did not put into practice the advice given me. Instead of the raw meat, I took cold porridge made of oat meal and milk, macaroni, and other farinaceous foods with as much fruit as I could get. I used hygienic means also, with the details of which it is unnecessary to trouble you. But took no drugs and no fish oil. Instead of dying I have recovered my health, and shortly after I returned to my hospital course in Paris. Four years afterwards I took my degree, and it is now my custom to recommend to my patients the dietary which saved me from death. I have found several of my patients greatly improved in health by following my example, and I have never found one the worse for it."

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#### THE POSITION AND MOVEMENTS OF THE STOMACH.

ACCORDING to Dr. Leshaft, the Professor of Anatomy at St. Petersburg, the statements current in anatomical textbooks regarding the normal position of the stomach are erroneous. He has made careful observations on the point in more than twelve hundred bodies, and has arrived at the following conclusion:—The stomach does not, as is usually asserted, lie horizontally in the abdominal cavity, but vertically, so that the fundus touches the diaphragm; the smaller curvature and pylorus are to the right and the larger curvature is to the left. Its position is in the left hypochondrium, and the situation of the pylorus is in the vertical line formed by a continuation of the right margin of the sternum. If the stomach is enlarged, no one part can be alone displaced, but all parts are equally moved by the distension. The arrangement of the muscular fibres of the stomach is such that food entering it is moved towards the pylorus, where it can be most thoroughly mixed with the gastric juices, and it then passes back along the centre of the cavity to the fundus, where the resistance is least. The movement of the food along the wall to the pylorus, and back again along the centre, is rendered possible by the form of the organ, and it is probable that it is to this movement that the peculiar shape of the fundus is due. As is well known, the fundus is absent in newly born children. Thus the shape of the stomach determines the long retention of food in the organ for the purposes of digestion, and its slow passage through the pylorus. If the transverse colon is distended with gas, it may rise to the left of

the stomach, as high as the fourth intercostal space, and even as high as the fourth rib. If the coils of the small intestine are similarly distended, the lower part of the stomach may be pressed forwards, and the stomach may assume a more oblique position. Even a large stomach, accustomed to dietetic repletion, maintains a vertical position, but the pylorus is moved a little upwards and to the right.—*The Lancet*, March 11, 1882.

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#### CURE OF EPILEPSY BY LIGATURE OF THE VERTEBRAL ARTERIES.

Dr. William Alexander has published eight very interesting cases of cure of epilepsy by ligature of the vertebral or vertebral and carotid arteries in the *Medical Times and Gazette* of 19th Nov. 1881 and March 11th 1882. He bases his singular procedure on the following observations :

“The Medulla is supplied by the vertebral arteries. These arteries do not freely communicate with any others on the medulla, and ligation of one or both would sensibly diminish for a time the vascularity of that part. Indeed, in my first operation, I feared paralysis of the lower extremities or altered cardiac action. Educated in the ‘sensitive medulla theory,’ my attention naturally turned to the vertebral arteries. But post-mortem examinations have in some cases shown me that the epilepsy was caused by a distinct lesion in the convolutions, and in the early stage of such cases ligature of the carotid on the affected side might have proved useful. True, the collateral circulation is in the brain almost instantaneously established, but it is conceivable that the force of the blood-stream, its direction and osmotic properties, are changed by the ligation ; and one or all of these may be all that is necessary to cure epilepsy.”

Of the first three published cases which appeared in the *Medical Times and Gazette* of Nov. 11th 1881, in the first the left vertebral, in the second the left vertebral and the left common carotid and in the third the left vertebral and the right internal carotid were ligatured.

The next five cases have made their appearance in the same periodical for March 11, 1882. In the first case both the left and the right vertebral arteries were ligatured. In the 2nd and 4th cases the right vertebral, and in the 3rd and 5th cases the left vertebral arteries were tied.

Of the ten unrecorded cases whose histories are reserved for a future paper he writes as follows : “In three of them I have tied

both vertebral simultaneously, without any bad effects, "and in none of these have any fits occurred since."

The operation, which he recommends as the best, is that adopted in the 2nd of the first three published cases, and is thus described.

"Between the sterno-mastoid muscle and the *scaleni* muscles there is a depression in the necks of all but excessively stout individuals. Along this hollow, in a direction upwards and outwards, I made an incision about four inches long. The incision began just outside and on a level with the point where the external jugular vein dips over the edge of the sterno-mastoid. The internal jugular vein soon came into view, and was drawn inwards; next a zone of glandulo-adipose tissue appeared, and on tearing through this with a probe or director, the transverse cervical arteries with one or two veins could be seen. These were retracted to the outer side. The wound was now pretty deep, and a good light and careful retraction of the lips of the wound were necessary, as excessive or rough handling might have injured the internal jugular vein on the inside, or the phrenic nerve on the outside; while at a short distance below lay the pleura surmounted by the subclavian vessels and their branches. In this case, when I reached this stage of the operation, and scratched through the fascia covering the *longus colli*, no vertebral artery could be seen. I then separated the fibres of that muscle, and came upon it just below its entrance into the spinal canal. The heart did not show any disturbance when the ligature was tied. The wound was washed out carefully with carbolic acid and stitched up completely, drainage-tubes being superfluous in this region, where absorption and union are so rapid that tension does not occur. The operation was almost completely bloodless."

As to the effect of the operation he says; "In all, without exception, the amelioration has been decided, whether we have regard to the reduction of the fits or the improvement of the mental powers. No lesions referable to the diminished supply of blood to the spinal cord have been observed, and no deaths have occurred from the operation in any of the cases under my charge." The results of all these operations are indeed very remarkable, and the amount of success which this novel operation has commanded is surely very encouraging.

## CLINICAL RECORD.

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### *A Case of Ascites cured by Turpentine.*

BY AN L. M. S.

Sukia, a Mehtrani, aged about 34, came under my treatment on the 8th February 1882, for a large accumulation of fluid in the peritoneal sac, and dropsy of the lower extremities. The ascites was very considerable, so much so that she could not breathe freely, there was considerable orthopnoea. The swelling on the feet pitted under pressure to the extent of two inches. The legs and thighs were also involved. There was slight puffiness of the face. She was pale but was free from any organic complications, so far as I could make out, the heart, the lungs the liver, the spleen, all appearing to be in normal condition. Her urine was slightly albuminous, and the quantity she passed in 24 hours did not much exceed 6 oz. Her bowels were rather costive and her appetite almost nil. I put her under *Turpentine*, giving a third of a drop for a dose every 3 hours. This produced so much satisfactory results that I had not to change the medicine nor to give anything else except a few doses of *Ipecac.* on the 22nd idem to cure her of diarrhoea which she had on that day. She was found free from any disease on the 26th idem, and the medicine was stopped. I find her now and then going on with her usual avocations, and am glad to say she has since picked a little flesh. I must here add that I do not, in this case, put any great restrictions on her diet.

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### *2. A Case of General Anasarca cured by Turpentine.*

BY AN L. M. S.

Dwarik, a Hindu Male, aged about 45, came under my treatment on the 12th March 1882, for general anasarca. The dropsy extended from the feet to the head. The feet pitted under pressure to the extent of nearly  $2\frac{1}{2}$  inches. The cellular tissues of the legs, thighs, and abdomen presented large hollows under the pressure of fingers. The eye-lids were swollen so much that he could hardly see through them. He was very pale and anæmic. Percussion note of the chest was resonant throughout, but a few mucous râles were audible over the bases. There were no other abnormal sounds heard. The heart, the liver, and the spleen did not present any abnormality. The urine was very scanty, scarcely measuring 6 oz. in 24 hours. It was

not examined for albumen. The bowels were costive and appetite bad. There was a history of exposure to night air. He was a confirmed opium eater. I agreed to take him under my care on condition he gave up *Opium*, and he promised to do so. I placed him at once on *turpentine*, giving a third of a drop of the oil every 3 hours, and ordered  $\frac{1}{2}$  seer of rice with half a seer of milk and a chattak of sugar for his daily diet. Under this treatment and diet he began to improve very fast. His bowels became regular and his urine copious and free. He was quite free from all dropsical swelling on the 29th March 1882, i. e., 16 days after treatment, when he appeared to be a living skeleton.

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*Three Typical Cases of Erysipelas, presenting symptoms of Apis, Rhus tox., and Belladonna, and cured by them respectively.*

BY AN L. M. S.

1. Daya, a Hindu female, aged about 36, placed herself under my treatment on the 1st April 1879 for an erysipelatous inflammation of whole of her face attended with fever. The inflammation commenced round a very small boil she had on her upper lip, and began to spread on all sides till the whole face including the chin and the eye-lids were involved. It was a general cedema, something like what is caused by a bee-sting. I gave her *Apis* 6, a drop every 3 hours in the evening, and on the following morning I found, to my utter astonishment, the swelling much less and the inflammation receding. The medicine was continued, though less frequently, throughout the day, and the patient was found, on the third morning, free from any trace of erysipelas.

2. Harish, a Hindu male, aged 22, hurt himself in the leg as he was going to bathe in the river (Hughli). He had fever in the evening, and noticed an inflammatory swelling round the injured part on the following morning. At first he took this to be a simple inflammation due to the injury he received. But the red blush and the swelling extended, and the fever was higher in the evening. On the third morning he found the whole of the swelling studded with vesicles accompanied with a considerable amount of pain and fever. He placed himself under my care on the same evening (18th June 1880) and was put on low diet and *Rhus tox.* 6, every 3 hours. Symptoms of improvement, observed on the following morning, continued uninterruptedly till the 21st idem, when the patient was found

to be completely free from any of the symptoms of erysipelas. A little ulcer that was left was cured in about a week.

3. R., a Hindu child, aged 4, had an abscess under the chin. Before the abscess came to a point, a swelling of intense red color began to spread from the abscess as a centre. It was first observed by a relative of the patient on the 24th March 1882, when it was said to be confined to the locality of the abscess. On the following morning the inflammation was observed to extend to the clavicle below and both the cheeks above. It was very painful to the touch, and the fever was high (Temp. 104.4° F.). Thirst, restlessness, sleeplessness and headache were some of the painful symptoms, the little patient was found to be groaning when I saw him on the 25th March. I prescribed *Bell.* 6 every 4 hours. On the 26th idem I saw the case and found him comparatively easier, the fever less (Temp. 102° F.) and the inflammation much decreased. On the 28th idem, the temperature was normal and the erysipelas quite gone, but the abscess was there. A few doses of *Hep. S.* brought the abscess to a point when it was lanced. It ran a mild course and healed up very rapidly.

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*A Case of Colic from Impacted feces.*

REPORTED BY JADU NATH MOOKERJEE.

Babu Dwarkanath Bose, aged 38, has been a long sufferer from dyspepsia and acidity of the stomach. Came under treatment on the 17th April 1881.

*Previous History*—On the afternoon of the 14th inst. he first complained of a colicky pain at the left Iliac region, which made him so restless about 10 o'clock in the night that a dose of morphia was prescribed by the then attending physician to procure sleep. This palliative treatment had no effect, on the contrary it aggravated his sufferings, by adding a new and troublesome symptom, viz., flatulence, to those already existing. To remedy this the medical attendant ordered *Nux Vomica* and waited a respectable time to see its effect. In the mean time the patient's sufferings having increased his brother was advised to call on me. This was on the afternoon of the 17th, and I lost no time to accompany him to the place where the patient was. While there, I found him quite restless from paroxysmal pains in the region of the left kidney, running along the course of the ureter as was at first described to me. He had fever, the abdomen was tympanitic, and the bowels confined. I took it for a case of nephritic colic and prescribed *Lyco.* 6, 3 doses, a dose every 2 hours.

In the evening Dr. Sircar was consulted ; he examined the patient very carefully but did not like to pronounce his opinion as to the nature of the disease. He advised me to give *Bell.* 6, partly with a view to antidote the effects of morphia and partly to cover the present symptoms, viz., paroxysmal pains, fever with predominant head symptoms, and a congested state of the nasal mucous membrane.

18th. Had 2 doses of *Bell.* at night, and was tolerably better than on the previous night. This day I saw the patient again with Dr. Sircar, who ordered *Camphor* water, still with a view to the removal of the ill effects of morphia, and left directions to give a dose of *Bell.* at night, should the patient become restless.

19th. Finding no further improvement, Dr. Sircar again ordered 2 doses of *Lyc.* 30 to be given every 6 hours.

20th. Morning : No change in the condition of the patient, the pains though less severe, are still troubling him a good deal ; no stool since the 14th instant. *Sulph.* 12 one dose.

Evening : Finding the patient much in the same state, I went to see Dr. Sircar at his own place, and after consultation prescribed *Chin.* 30, of which he took a dose at night.

21st. This procured a scanty stool in the latter part of the night with some relief to the patient as regards his sufferings from flatulence, but the pains continue unabated. Continued *Chin.* 30.

22nd. The repetition of *China* has had no good effect. Dr. Sircar was called in, and after a minute examination of the patient came to the conclusion that the case was one of impacted fæces, and so ordered a dose of *Alumina* 6 to be given at once, and to be repeated in case the bowels are not moved within 3 or 4 hours.

Evening 4 p. m. The patient's brother came running just about this time to inform us that he has passed a good large stool, which he described and nicknamed as "Cleopatra's needle" followed by immediate subsidence of all his sufferings.

23rd. Finding the patient still complaining of some dull pain and fulness in the affected region, Dr. Sircar ordered another dose of *Alum.* in the morning which procured two more free stools in the course of the day. This relieved the patient from further trouble, and he was found enjoying a perfect health in a few days after this.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 17. ANTIMONIUM TARTARICUM.

#### **Constipation :**

1. Uncommonly hard st., difficult to pass.
2. Stools vary, sometimes soft, sometimes hard.
3. Solid st., then pasty with tenesmus.

#### **Diarrhœa :**

1. Copious alvine evacuations.
2. Liquid, greenish st., with heat at anus.
3. St., thin mucus, with rumbling and pressure in the bowels.
4. In the evening two soft stools.
5. Abundant D.
6. Yellowish-brown D.
7. Offensive diarrhœic stools.
8. Colliquative D. with meteorism.
9. D. in pneumonia, small-pox, and other eruptive diseases, specially if the eruption is suppressed.
10. D. of drunkards.
11. D. alternating with vomiting (*Taylor*).

#### **Cholera :**

1. Watery D.
2. D. and vomiting.
3. Involuntary D. followed by death.
4. Involuntary, watery, blood streaked stools.

#### **Dysentery :**

1. Thin, bilious, mucous D.
2. D. slimy, appears like yeast, with cadaverous smell.
3. Involuntary evacuation of much mucus and dead worms.
4. Fæces mixed with much mucus and blood.
5. Bloody stools.

#### **Aggravation :**

1. After eating.
2. In the evening.

#### **Before St :**

1. Urging.
2. Colic.
3. Violent cutting and twisting in abd.
4. Nausea and waterbrash.
5. Violent shifting of flatulence (rumbling) without distension of abd.

#### **During St :**

1. Burning in anus.
2. Heat in anus.
3. Rumbling and pressure in bowels.
4. Sensitive drawing pains in abd.
5. Cold shivers through the skin.



6. Tenesmus.

7. Nausea.

**After St :**

1. Burning in anus.

2. Tenesmus.

3. Thirst.

4. Relief of colic.

**Rectum and Anus :**

1. Several painful tearings in rectum after dinner.

2. Sticking pain in rectum.

3. Stitching in rectum.

4. Sudden violent alarming stitching from lower abd. down the rectum.

5. Desire for st. ineffectual, though the bowels seem full and pressing.

6. Hæmorrhoids.

**General Symptoms :**

1. Great irritability. The child will not allow itself to be touched without whining and crying.

2. On eating soon satiated, almost nauseated, must stop eating.

3. No more desire for tobacco. Tobacco has no taste.

4. Tongue red and dry ; covered with thick, white pasty coat ; red in streaks ; in morning thick yellow, thicker in afternoon ; coated slimy ; moist and clean ; painful to move.

5. Profuse spitting ; must often spit and even while eating.

6. Taste, flat, salty, sour, bitter.

7. Aversion to milk.

8. Nausea after eating or drinking.

9. Thirst for beer or sour milk with dryness in the throat.

10. Extraordinary desire for apples, and thirst for cold water.

11. Desire for acids, fruits, and strong liquors.

12. The child eats little, but drinks much.

13. Constant, insatiable thirst ; drinks often but little at a time ; or total absence of thirst.

14. Eructations, empty ; sour ; bitter ; with rising of saltish, nauseous fluid ; tasting of the ingesta ; tasting like rotten eggs.

15. Empty eructations relieve the nausea for a time.

16. Violent hiccough.

17. Nausea from swallowing the saliva ; after eating or drinking.

18. Nausea and vomiting of curdled milk (in an infant whose nurse had taken the drug).

19. Vomiting enormous, violent unto fainting ; in any position except lying on the right side ; of tough, watery mucus ; of green stuff ; of much mucus and bile mixed with blood ; of food (intolerance of food and drink).

20 Vomiting with great effort ; accompanied by headache and trembling of hands and fainting ; followed by great languor, drowsiness, loathing, desire for cooling things ; pale sunken face, dim, swimming eyes.

21. Feeling of a weight in the region of the stomach, involving the whole abdomen, and causing great malaise ; this condition is ameliorated in the open air and aggravated in the room, and also by eructations.
22. The abd. seems stuffed full of stones, though he has eaten nothing, and it does not feel hard.
23. Astonishing amount of flatulence, with rumbling in the abd.
24. Violent cutting and twisting in abd. and tearing from the hypogastrium down thro' the thighs to the knees, with fine but severe stitches at the navel, with nausea and water-brash.
25. Abdomen sensitive to touch.
26. Liver sensitive to touch.
27. Burning in urethra during and after micturition.
28. Urine, dark, brownish-red, turbid, of strong odor ; becomes cloudy and deposits a violet colored earthy sediment ; scanty, last drops bloody, with violent pains in bladder ; albuminous. "In no case has suppression of urine been observed, as in cases of arsenical poisoning."—*Taylor*.
29. Frequent yawning and stretching. Drowsiness and inactivity. Somnolence. Unconquerable sleepiness.
30. Great prostration, and slipping down in bed.
31. Cold and clammy sweat.
32. Tonic spasms (cramps) in arms and legs, most in forearms and calves. Sometimes tetanic spasms.

**Remarks :** It is very singular that with such genuine and characteristic symptoms of the alimentary canal which **ant. t.** so eminently produces, it has been so neglected by homœopathic practitioners in the treatment of diarrhœa, dysentery and cholera. The fact seems to us to be that **verat.**, **ipéc.**, **chin.**, and **ars.** have been used where **ant. t.** should have had a trial. In diarrhœa and dysentery with meteorism, whether as an accompaniment or not of pneumonia, small-pox, and other eruptive diseases, it ought to succeed, especially if other symptoms correspond. Dr. Hughes doubts its use in cholera on the ground that "the antimonial collapse is a result of extreme nausea, while no such condition is present in cholera ; and again, its diarrhœa is caused by the catarrhal enteritis it sets up, while cholera is non-inflammatory." In one case reported by Taylor, the collapse was not due to nausea or vomiting. And if **ant. t.** is to be rejected as a remedy of cholera on the ground of its diarrhœa being of an inflammatory character, **ars.** must share the same fate, and this was probably the reason why Hahnemann did not include the latter in the list of his cholera remedies ; whereas we know how valuable, or rather invaluable, **ars.** is in this formidable disease. The fact is, the diarrhœa, that results from violently poisonous doses of **ant. t.** or of **ars.**, is too sudden in its appearance to be of inflammatory origin, and thus is not unhomœopathic to the diarrhœa of cholera. A more cogent reason for the exclusion of **ant. t.** from the list of cholera remedies would be the fact that suppression of urine has never yet been observed

in cases of poisoning by it. But cases of genuine cholera do occur in which the urine has never been suppressed, but which nevertheless go on to collapse, or in which even with the restoration of the renal secretion after a few hours' suppression the symptoms do not improve, vomiting and purging continue, and gradually cerebral symptoms ensue, simulating, or more probably resulting from, uræmic poisoning. In these cases, the urine passed is always very scanty, a few drops, or scarcely more than a tea or table-spoonful at a time, and the secretion is no doubt chiefly watery, and devoid of urea. Such cases, for which **ant. t.** should be the remedy, are usually treated with **ars.** by the routine practitioner, and very often with the worst results.

## 18. APIS MELLIFICA.

### **Constipation :**

1. Very hard, scanty st.

### **Diarrhoea :**

1. Copious watery D.
2. Copious evacuation of blackish-brown, green and whitish excrements.
3. D. first lumpy and not foetid, afterwards watery and very foetid, then pappy, mixed with mucus and blood.
4. Loose lumpy st.
5. Yellow, watery D. with griping.
6. Greenish, yellowish, mucous D. without any pain.
7. Yellowish, slimy green-colored D., with swelling of labia.
8. St. soft and pappy, mixed with serum, as if soft fæces had been beaten in water but not dissolved, orange-colored.
9. Several thin yellow sts., with extreme weakness and prostration.
10. Sts. occur with every motion of the body, as if the anus were constantly open.
11. St. natural, preceded by emission of flatulence and a small quantity of an almost colorless water containing lumps or fragment of jelly-like mucus streaked with blood.
12. Loose, urgent stool in the morning.
13. Watery, copious, almost black motions.
14. Yellow-brown sts., with frequent painful urination.
15. Stools every morning ; scanty pappy, light yellow.
16. Painless D. after vaccination.

### **Cholera :**

1. Copious watery D.
2. Copious D. and vomiting.
3. Colorless water passes from the anus.

### **Dysentery :**

1. St., first lumpy (not foetid), afterward watery and foetid, then pappy and mixed with mucus and blood.
2. Dysenteric st., with much tenesmus and a sensation as if the intestines had been crushed.
3. Blood and mucus with stools.

4. Olive green, slimy, profuse sts., full of bright red lumps like chopped beets, with colic and tenesmus.

**Aggravation :**

1. In the morning.
2. From motion.
3. After eating (*Hering*).
4. From acids (*Bell*).
5. In the warm room (*Bell*).

**Before St :**

1. Passage of flatus.
2. Sensation in rectum like an electric shock.

**During St :**

1. Nausea and vomiting.
2. Gripping.
3. Increasing prostration.
4. As if the intestines had been crushed.
5. Tenesmus.
- 6. As if the anus were constantly open.
7. Frontal headache.
8. Backache.

**After St :**

1. Sensation of rawness in anus.
2. Faint, exhausted.
3. Tenesmus, discharge of blood.
4. Burning at anus.

**Rectum and Anus :**

1. Throbbing in rectum, with sensation in anus as if stuffed full, and with heat.
2. Excessive tenesmus.
3. Urging to st., with rumbling in abd.
4. Feeling of approaching diarrhœa, urging pressing and tenesmus in bowels.
5. Prolapsus ani.
6. Intolerable itching with swelling in anus.
7. Bloody exudation with swelling of anus.
8. Small, protruding varices, which sting, burn and smart intolerably.
9. Rawness in the anus with diarrhœa.

**General Symptoms :**

1. Depressed, cannot collect or direct his thoughts.
2. Bitter taste.
3. Dryness of mouth, tongue and fauces.
4. Viscid, tough, frothy saliva.
5. Fœtid breath.
6. Inability to put out the tongue.
7. Tongue dry and white.
8. The whole margin of the tongue feels as if scalded, as if quite raw.
9. A number of small vesicles and red spots on the tip and left edge of the tongue.

10. No appetite.
11. Absence of thirst ; or insatiable thirst, drinks often but little at a time.
12. Craves milk which relieves ; appetite for sour things.
13. Eructations with water-brash and taste of food worse after drinking water.
14. Nausea.
15. Vomits food as soon as taken.
16. Vomiting of bile, of mucus, and of ingesta.
17. Burning of stomach and bowels.
18. Sensitiveness of pit of stomach to touch.
19. Sharp, crampy pains in the stomach and abd. followed by vomiting and D. at intervals.
20. Rumbling in abd.
21. Tenderness of abd. on pressing or sneezing.
22. Frequent and profuse urination ; or strangury.
23. Anasarca. Ascites.
24. Trembling of hands and feet.
25. Limbs numb and cold.
26. Burning, stinging like bee-stings, and soreness, seem to be the predominating painful sensation—while itching, tension and throbbing may or may not be painful.—*Hering*.

**Remarks :** *Apis* has proved very serviceable in both diarrhœa and dysentery, especially in the case of children, and when the stools occur chiefly in the morning, and on every motion of the body, as if the anus were constantly open. The urinary symptoms are characteristic. Generally there is dryness of the mouth without thirst ; when thirst is present, it is very like that of *ars.*, the patient drinking often but little at a time. In dysentery the tenesmus is very great, and is accompanied with a sensation as if the intestines had been crushed ; the tenesmus radiates to the neck of the bladder and causes strangury. *Apis* is particularly indicated when the diarrhœa or the dysentery is present in patients suffering from ascites or anasarca, especially if dependent upon albuminuria. *Apis* should not be forgotten in cholera, if the symptoms agree.

## 19. ARGENTUM METALLICUM.

### Constipation :

1. St. after dinner, very dry, and like sand, but passed without trouble.
2. St. hard, insufficient, with straining.

### Diarrhœa :

1. A brownish-yellow, pasty, almost diarrhœaic evacuation with ineffectual pressure at the end of the st.
2. Pasty st., almost diarrhœaic, preceded by pinching and urging.
3. Soft evacuation, with straining in the hypogastrium.
4. Frequent and always successful desire for stool in the lower part of the rectum, with the expulsion of a small quantity of soft stool, continuing for several days.
5. Alvine evacuation irregular, often lienteric diarrhœa.

**Before St :**

1. Pinching and urging.

**During St :**

1. Straining.
2. Ineffectual pressure.
3. Two vomitings in the afternoon.
4. Painful urging in the hypogastrium during a soft st.

**After St :**

1. Contractive pain in the belly, after the morning stool.

**Rectum and Anus :**

1. After a meal, while sitting and standing, a sensation in the rectum as though a living worm were boring in the anus.
2. Frequent and always successful desire for st. in the lower part of the rectum.
3. Feeling in the anus as if small, longish, bubbles of air were escaping.
4. Severe itching in the anus.

**General Symptoms :**

1. Increased cheerfulness and disposition to talk the whole day.
2. Dryness of the mouth, tongue, and hard palate.
3. Speech is impeded on account of the viscid saliva.
4. The throat feels raw and sore.
5. Excessive appetite, even when the stomach is full, and which cannot be satisfied by eating.
6. Great desire for wine.
7. Indifference to food, he is satisfied immediately.
8. Aversion to food, even when thinking of it.
9. Almost continual nausea and qualmishness.
10. Slight moisture of the skin during and after a meal.
11. Distention and fulness in the upper abd. with a feeling of hunger.
12. Rumbling and fermenting in the bowel, as if water were poured from one intestine into another.
13. Frequent and copious urination.
14. Crushed pain in the right testicle.

**Remarks :** We have used *arg. met.* with success in constipation with the characteristic dry stool pulverizing like sand, especially if met with in patients suffering from diabetes, whether mellitus or insipidus. We have not seen any mention of its use in diarrhœa ; nor is it likely to be of frequent use in this complaint, as the diarrhœaic symptoms it produces are scanty. With the help of the few that are peculiar, coupled with some characteristic general symptoms, it may be of use in rare cases.

*(To be Continued.)*

## Gleanings from Contemporary Literature.

### VIBURNUM OPULUS.

BY H. C. ALLEN, M. D., ASSISTED BY STUDENTS OF UNIVERSITY OF MICHIGAN (WHO DID NOT KNOW THE DRUG THEY WERE PROVING.)

**VIBURNUM OPULUS**—Linn. \* (*Vib. oxycoccus* of some authors.)

*Nat. Order.*—Caprifoliaceæ. (Honeysuckle family.)

*Common Name.*—Cranberry tree, Champ bark.

This shrub grows from five to fifteen feet high, on low grounds, along streams; common in Canada and the northern and western States, extending south as far as Virginia; very abundant in the Catskill and Allegheny mountains. Flowers in June and July. The acid fruit is a substitute for cranberries, whence the name, *High Cranberry bush*. The common, well known *Snowball tree* or *Guilder Rose* of our gardens is a cultivated variety of this species, with the whole *cyme* turned, by cultivation, into showy, sterile flowers.

The *Viburnum prunifolium*, Linn. (Black Haw) which is found in dry copses from New England, Canada and Illinois, on the north, to Tennessee and Virginia on the south, is a much larger shrub and should not be confounded with *Vib. opulus*.

#### *Preparations.*

\* Tincture from the inner bark of shrub and bark of roots, (prepared especially for this proving by Drake's Homœopathic Pharmacy, Detroit).

#### *Authorities.*

(1.) H. C. ALLEN, M. D., took 10 drops of tincture July 6th, 1879, at 10 A. M., 3 P. M., and 10.30 P. M.; July 7th, 15 drops at 8 A. M. and 4 P. M.; July 8th, 15 drops at 9.30 A. M., 20 drops at 2.30 P. M., 25 drops at 6 P. M.; July 9th, 50 drops at 9.20 A. M.; July 12th, 100 drops at 8.40 A. M., and 50 drops at 5 P. M.; March 10th, 1881, took 10 drops 30th attenuation; every morning for a week.

(2.) Miss L. F. W. July 10th, 1879, 3 P. M. took 10 drops of tincture; 11th, 10 drops at 9 A. M., 3 P. M. and 10.30 P. M.; (I was not convinced that the severe symptoms obtained by this prover were the sole effects of the drug and requested another trial, but my prover was so thoroughly satisfied that she could not be persuaded to undertake it; however, a compromise was effected by a trial of the 30th attenuation, which was prepared for me under Dr. Drake's personal supervision.) After taking 10 drops of 30th night and morning for several (3 or 4) days, she wrote me "Have taken the 30th—which you assured me was harmless—for several days, with much the same results. If anything, it acts with more promptness than the former (tincture), producing the same deathly sickness at the stomach, cramping pains in lower abdomen as if going to be 'unwell,' but feel all of this sickness worse at night. By advice, have omitted entirely."

(3.) Miss E. A. C. May 21st, 1880, took 10 drops 1<sup>x</sup> evening; 22nd, 23rd, 24th and 25th, 10 drops 1<sup>x</sup> morning and night; 26th, 27th and 28th, 20 drops 1<sup>x</sup> morning and evening.

(4.) Miss E. M. S. April 8th, 1880, took 10 drops 30<sup>x</sup> every morning for a week.

(5.) S. E. BURCHFIELD. April 17th, 1880, took 5 drops 1<sup>x</sup> in water ; 18th, 10 drops 1<sup>x</sup> at 9 A. M. ; 10 drops 1<sup>x</sup> 3 P. M. ; 15 drops 1<sup>x</sup> 9 P. M. ; 19th, 15 drops at 9 A. M. and 3 P. M.

(6.) H. K. BRASTED. Took 10 drops 1<sup>x</sup> each day for four days ; three weeks later took 20 drops 1<sup>x</sup> at noon.

(7.) H. C. KASSELMANN. February 27th, 1881, took 20 drops 1<sup>x</sup> 7 P. M. ; 28th, 20 drops 1<sup>x</sup> at 8 A. M. and 7 P. M. ; March 1st, 20 drops at 8 A. M. and 10 P. M. ; 2d, 20 drops at 8 A. M. and 6 P. M. ; 3d, 20 drops at 9 A. M. and 3 P. M. ; 4th, 20 drops at 11 A. M. and 7 P. M.

(8.) J. F. FLINT. December 13th, 1880, 15 drops tincture, morning and evening ; December 15th, took 15th drops of tincture in morning, for four days consecutively.

(9.) Miss E. E. B. January 7th, 1881, took 20 drops tincture, morning and evening for four days ; no effect. January 26th, took 20 drops 30<sup>x</sup> daily in morning, for five days.

(10.) M. COLLIN. Took, in several doses, half ounce of 1<sup>x</sup>.

(11.) R. H. BEAL. Took half an ounce 30th in two weeks.

(12.) DR. G. B. PALMER, New York State Transactions, vol. 15, p. 68, clinical verification.

(13.) E. D. BOTORF. Repeated doses of 10 drops 1<sup>x</sup> for several days in water.

### *Mind.*

Confused, and unable to concentrate the mind on usual mental labor.<sup>1</sup> Stupid feeling, as if I could not tell where I was or what to do, on awaking in the morning.<sup>2</sup> Inability to study to such an extent that he abandoned the proving.<sup>13</sup>

### *Head.*

*Dull Frontal Headache.*<sup>1</sup> Severe dull frontal headache.<sup>11</sup> Dull, throbbing, frontal headache, extending to the eyeballs, aggravated by mental exertion, and relieved by moving about.<sup>1</sup> Dull aching pain over left eye.<sup>7</sup> Dull, confusing, frontal headache, extending to both temporal regions, as after night watching or loss of sleep, so severe as to compel cessation of mental exertion.<sup>1</sup> Slight frontal headache in forenoon.<sup>5</sup> Headache beginning about 3 P. M., worse at night.<sup>7</sup>

Vertigo, with inclination to turn to the left.<sup>5</sup> Vertigo on rising from a seat—feel as though would fall forwards.<sup>7</sup> Vertigo ; dizzy feeling all the time.<sup>7</sup> Vertigo on closing eyes in afternoon.<sup>7</sup> Severe pressive pain in right supra-orbital region (in an hour).<sup>5</sup> A severe frontal headache with occasional vertigo set in, continuing with severity for six or seven days, almost incapacitating for study, and accompanied by profuse and frequent urination.<sup>5</sup> Dull, supraorbital and frontal headache, with profuse flow of clear, watery urine.<sup>13</sup> Dull, throbbing headache continued all the evening, and was so severe on retiring that I felt sick "all over."<sup>3</sup> Severe pain in head just over eyes on opening them ; the soreness extending back into the head.

Dull, heavy headache, mostly over eyes, worse on left side, at times extending to vertex and occiput, (principally when delayed menses should appear,) aggravated by a sudden jar, or bending over, false step, movement.<sup>9</sup> Severe left sided headache. Eyes heavy ; feel almost sick enough to go to bed.<sup>9</sup> Severe pain in left parietal region ; the pain is sharp and penetrates into the brain, aggravated by every cough, moving the head, when the bowels move.<sup>9</sup> (Bowels have moved freely, but with each movement the same severe pain is felt in left side of head.) Every cough hurts the head.<sup>9</sup>



*Eyes.*

Sore feeling in eyeballs.<sup>3</sup> Heaviness over the eyes and in the eyeballs, so severe that at times would have to look twice to be sure of seeing an object.<sup>3</sup> Eyes burn ; can hardly see on account of the profuse flow of tears (third day).<sup>7</sup>

*Ears.*

Sharp, jerking pains in ears as if stabbing with a sharp knife, lasting nearly an hour, with more or less severity (after 10 drops of tincture, first day).<sup>2</sup> Would awaken during the night with great pain in ears ; *deep in the bone.*<sup>9</sup> External ear sore as if bruised ; *could not lie on affected side* (of head). Would have to rub ear, and seemed as if I must straighten it out ; sensation as if pinned to the head.<sup>9</sup> Would lie on the other side, and be awakened with same feeling in that ear ; compelled to change position many times during the night in consequence.<sup>9</sup> (The ear symptoms came on first night, and continued, with more or less severity, several nights in succession.)

*Stomach.*

Deathly sick feeling at stomach as if she could not live, *every night*, not relieved by any position ; (after leaving off the drug, (Φ) sickness continued for several days).<sup>3</sup> Deathly sickness (nausea) at the stomach, principally at night (from repeated doses of 30<sup>x</sup> attenuation).<sup>2</sup> When lying perfectly quiet had no unpleasant feeling, but as soon as I moved a *deathly nausea* in pit of stomach came on ; every time I would try to get up would faint.<sup>9</sup> *Constant nausea*, (but no inclination to vomit) *relieved by eating*. Nausea and faintness every little while, and at noon (21st day) was obliged to lie down.<sup>9</sup> *Nausea and faintness* continued for ten days, at times very distressing.<sup>9</sup> *Stomach felt faint and nauseated* (for ten days after menses ceased).<sup>9</sup> A sensation of *goneness*, as if *empty* and had been for days.<sup>9</sup> Nausea and faintness, *relieved by eating*, but felt immediately afterwards.<sup>9</sup> Aching pain in stomach in the afternoon, relieved by stretching the body and throwing the stomach forwards.<sup>7</sup>

*Hypochondria.*

Severe, sticking, darting pain in left hypochondrium, deep seated as if in spleen, with a sensation as if some hot fluid were running through the splenic vessels ; relieved by walking about the room (evening of third day).<sup>1</sup> Intense pain in region of spleen, producing faintness, relieved by perspiration.<sup>1</sup> Severe throbbing pain under floating ribs of left side, relieved by hard pressure and walking about the room (11 P. M. of third day until 3 A. M. of fourth day).<sup>1</sup> Violent throbbing in left hypochondrium if I attempted to lie on left side ; could not lie on left side at all.<sup>1</sup> Most intense pain in left lumbar between floating ribs and wing of ilium ; pressure relieved its intensity, but must keep continually moving.<sup>1</sup> Pain in left lumbar and left hypochondriac regions so intense as to produce faintness ; and although the night was cool a warm perspiration broke out all over the body, giving relief (from repeated ten drop doses of 30<sup>x</sup>).<sup>1</sup> Retired at 11 P. M., but was unable to remain in bed on account of the severe throbbing pain under floating ribs of left side, and walked the room until 3 A. M., relieving the pain by pressure,<sup>1</sup> (after 25 drops of (Φ)).

*Abdomen.*

Whole abdomen tender and sensitive to pressure, especially about the umbilicus.<sup>3</sup> Rumbling, darting pains in bowels.<sup>2</sup> *Cramping colic pains*

in lower abdomen (during menstruation).<sup>2</sup> Bearing down pains in abdomen as during menstruation, with heavy, aching pain over pubes.<sup>3</sup> Severe heavy, aching, bearing down pain, accompanied by drawing pains in anterior muscles of the thighs, and occasionally by sharp, shooting pains in ovarian regions.<sup>3</sup> *Cramping colic pains in lower abdomen almost unbearable, the pains coming on suddenly and with terrible severity;*<sup>2</sup> (I never had anything like it before.) *Cramping pains in lower abdomen as if going to be 'unwell,'* mostly or wholly at night. (This symptom occurred in four young ladies (provers), who declined to experiment further on account of severity of pains.)

### Stool.

*Constipation.* Stool small, dry, and composed of hard, round balls, evacuated with much effort (after third day).<sup>1</sup> *Great inactivity of rectum; no inclination for stool.*<sup>1</sup> (This constipation continued for over three weeks after the drug was discontinued, no change being made in diet either during or after the proving.)<sup>1</sup>

*Constipation; stool large, dry, painful, and so difficult that mechanical assistance is often necessary to effect expulsion.*<sup>1</sup> (This continued over two months in re-proving with 30<sup>x</sup>.) Constipation; there was urging to stool as if it would be dangerous to postpone, but the stool was *large and difficult to pass.*<sup>10</sup> (Previously were regular.) Constipation; stool long, large, hard and difficult to expel; having a desire to evacuate, but when attempting feels as though there was nothing there, and evacuation occurs slowly and only after long straining.<sup>7</sup> Obstinate constipation; desire for stool, with much straining (third day).<sup>8</sup> *Stool large, hard,* and when passed attended with a *cutting sensation in rectum and anus.*<sup>8</sup> During and immediately after stool, profuse hæmorrhage of dark red blood (A. M. of fourth day).<sup>8</sup>

Stool hard, dry, with blood and *great soreness of anus*, (sixth day, no stool on fourth or fifth days).<sup>8</sup>

Stool *scanty and hard*, with hæmorrhage; a sensation of constriction of rectum and anus (eighth day).<sup>8</sup> (The constipation lasted for several days after discontinuing the drug.)<sup>8</sup>

Constipation during entire proving, *with great tenesmus*; when bowels moved, a pain felt in left orbital region.<sup>9</sup>

Diarrhœa profuse, watery, four or five stools in an hour, accompanied by terrible chills, at the same time the cold sweat would roll off my forehead.<sup>2</sup> (This attack of diarrhœa came on at menstrual period, and this prover the only one who did not have constipation. Verat. was given as an antidote.)

### Urinary Organs.

*Profuse flow of clear, watery urine* all the afternoon; compelled to urinate every hour (third day).<sup>1</sup> *Urine profuse and pale,* specific gravity 1021 (third night).<sup>1</sup> *Profuse, clear, watery,* and must be voided every hour or two; specific gravity 1019, (morning of fourth day) but no morphological elements found.<sup>1</sup> (although several analyses were made of urine of different provers).

*Profuse flow of watery urine* (second day, after 10 drops of 1<sup>x</sup>).<sup>5</sup> Frequent urination of *clear, watery urine* all the afternoon.<sup>5</sup>

*Profuse discharge of pale, watery urine,* repeated quite regularly every hour during afternoon and evening, (third day; one and a half hours after third dose 10 drops 1<sup>x</sup>).<sup>6</sup>

Following each act of urination was a constant sensation as if urine "continued to flow," (fourth day).<sup>6</sup> During menses, obliged every hour or two to urinate, passing at each time *large quantities of clear, light colored urine.*<sup>9</sup>

Profuse discharge of clear, watery urine for several days in succession ; specific gravity low, but no morphological elements were found.<sup>11</sup>

Profuse and frequent flow of clear, watery urine, accompanying frontal headache.<sup>13</sup>

### Sexual Organs.

*Male*.—Severe pain and swelling of epididymis and testicle of left side.<sup>6</sup>

Epididymis of right side so painful and swollen the following day that was obliged to use a suspensory bandage.<sup>6</sup> (This prover has been subject to attacks of epididymitis from exposure to cold or violent exercise, but in this case had not been exposed to either, and was obliged to take a dose of aconite to continue laboratory work. H. C. A.)

A seminal emission, without dream, (after 20 drops at 7 p. m. third day).<sup>7</sup> Another involuntary seminal emission, without dream (fifth day, after 20 drops 1<sup>x</sup> at 10 p. m.)<sup>7</sup>

*Female*.—Uneasy sensation in pelvic region and slight bearing down pains, continuing all the week (after 10 drops 30<sup>x</sup> every morning for a week).<sup>4</sup> Pain in back, loins and lower abdomen—"across me"—as if menses were coming on ; aggravated in early part of evening and in a close room ; ameliorated in open air and by moving about.<sup>4</sup> Was "unwell" during second week while taking the remedy ; but felt so perfectly free from pain and uneasiness so peculiar to that period, that I attributed my freedom from pain to the action of the remedy.<sup>4</sup> Bearing down pains as during menstruation, with heavy, aching pain in the sacral region and over pubes.<sup>3</sup> Severe bearing down pains as during menstruation, accompanied by drawing pains in anterior muscles of thighs, and occasional sharp, shooting pains over ovaries, repeated each day after 3 p. m., (second day, after taking 20 drops 1<sup>x</sup> morning and evening).<sup>5</sup>

Three days after discontinuing the drug, the above pains were repeated in the morning, with *great nervousness* ; could not sit or lie still but for a few minutes at a time, on account of the pain.<sup>3</sup> Ten days after commencing the proving—which was at mid-menstrual period, regular menstrual period occurring just two weeks before—a flow began which lasted two days, in all respects like normal menstruation, but with much cramping pain and great nervous restlessness.<sup>3</sup> Flow ceased entirely for several hours ; then the discharge came in four large clots, the color of raw beef and as solid as liver.<sup>2</sup> Cramping pains in lower abdomen as if menses were about to appear (from repeated doses of 30<sup>x</sup>).<sup>2</sup> Menses delayed ten days.<sup>6</sup> When flow appeared was scanty, thin, light colored, and continued but a few hours ; and attended with sensation of lightness of head ; must lie down ; when attempted to sit up would faint.<sup>9</sup> During menses, *nauseated all the time*.<sup>9</sup> This continued for several days, but worse for few hours when first taken.<sup>9</sup> Next menstrual period, discharge was more profuse.<sup>9</sup>

*Leucorrhœa* thin, yellowish-white for two days following menstruation.<sup>9</sup>

*Leucorrhœa* thin, no color, except with every evacuation of the bowels, when it was thick, white, inodorous, blood streaked mucus from vagina.<sup>9</sup> "Excruciating colicky pain through womb and lower abdomen, coming on quite suddenly, just preceding the menstrual flow, sometimes lasting for ten or twelve hours, relieved by 1<sup>x</sup> dilution."<sup>12</sup> "Pains beginning in the back and going around to the loins (?) and across to the pubic bone, like labor pains, have been relieved promptly."

### Chest.

Sharp, shooting pains in left chest over sixth rib near the sternum.<sup>5</sup> During the proving an old heart trouble, an irregularity of the pulse—

remission every third beat—of which I had felt nothing for over six months, returned.<sup>3</sup> Felt as if her breath would leave her body, and her heart would cease beating (during the severe menstrual pain).<sup>3</sup>

### Back, Neck.

Tired, bruised pain in muscles of the back, extending from point of scapula to wing of ilium on each side of spine, relieved by firm pressure.<sup>1</sup> Wandering, tired pains in muscles of back, worse on left side.<sup>1</sup> Severe pain in the back (region of kidney), rendering ordinary work in the laboratory difficult, relieved by pressing across the back with arms crossed.<sup>6</sup> Pain in the back, repeated the next day less severely (without repeating the dose).<sup>6</sup> A stiff, sore feeling in nape of neck.<sup>9</sup> Neck stiff for several days and attended with pain in occiput.<sup>9</sup> Dull throbbing pain in left lumbar region, aggravated by lying down; was compelled to walk the room with a walking stick pressed across the back to obtain relief.<sup>1</sup>

### Extremities.

Strange buzzing feeling in hands as if they would burst.<sup>2</sup> Wandering, tired pains extending to hips and knees, with disinclination to move about.<sup>1</sup>

### Sleep.

Restless and unrefreshing sleep.<sup>1</sup> Sleepy after dinner.<sup>9</sup>

### Generalities.

Could not lie on affected side.<sup>1</sup> The muscles of entire left side of body sore, as if bruised or strained by over-lifting.<sup>1</sup> Muscles of back lame and bruised, as after severe physical exertion. Inability to lie on left side during entire proving.<sup>1</sup>

Tired in the morning on rising.<sup>2</sup>

### Modalities.

*Aggravation.*—In a warm room; evening or at night; lying on affected side.

*Ameliorated.*—In open air; pressure; motion, walking about.

### Analogues.

*Caulophyllum*, in the spasmodic, crampy character of the abdominal pains and menstrual symptoms. *Cimicifuga rac.*; it appears to act most readily in persons of a nervous, rheumatic diathesis.

Several provers of a bilious or phlegmatic temperament failed to obtain any marked symptoms from half an ounce of the tincture, of 1<sup>st</sup> attenuation. Its curative sphere of action would appear to be most prompt and effective in amenorrhœa or dysmenorrhœa, occurring in tall, slender, dark or fair haired hysterical subjects.

Menses too soon (ten or twelve days), and the flow dark or clotted "like liver," and occurs only or most freely when lying down; or delayed ten days, or even suppressed for a month, the flow scanty, thin, light colored, and lasting but a few hours.

The clinical indications given by Lilienthal in his *Therapeutics*: "Spasmodic and membranous dysmenorrhœa; spasmodic dysuria in hysterical subjects; excruciating colicky pains through womb and lower abdomen, coming on suddenly, just preceding the menstrual flow, lasting sometimes ten or twelve hours" appear to be verified by this proving. It bids fair to vie

with *Caul.* and *Cim.* as an ante-parturient remedy which clinical experience must verify. Has relieved many cases of severe and long lasting after-pains.

#### Case 1.

Mrs. B., aged 26, tall, slender, eyes and hair black, mother of one child, one miscarriage at six months, supposed herself pregnant as she had gone two weeks over her usual time, and she boasted of being "as regular as clock work." For the last six months, at each period, menses had been growing more painful. She was taken with vomiting, and suffered all night the most violent uterine pains as though labor had set in; passed a large, light-colored clotted mass which convinced her she was having an abortion, "particularly as the pains did not cease after the passage of the supposed fetus." As I was leaving the office for the hospital clinic, I could not go to see her, and sent her *Vib. op.*<sup>30</sup> to be put in water, a teaspoon every half hour, until I returned or she was relieved. The messenger was waiting on my return, and informed me that my patient was relieved. Had slept an hour after second dose, pains ceased and the normal flow of the menses went on for three days as usual.

#### Case 2.

Mrs. H. T., aged 38, English parentage, mother of several children, applied to me in June, 1880, for what she said was suppressed menses, incidentally remarking that if it was conception she wanted an abortion produced, as she "never could endure the terrible after-pains" which had attended her previous confinements; they were agonizing and continued for days, and the pangs of labor were easily borne in comparison. On her own responsibility she had taken two powerful cathartics, but failed to produce the desired effect. I gave her a few doses of *Puls.* for the symptoms of which she then complained, and persuaded her not to do herself personal violence, by assuring her that if she proved to be pregnant "I would take care of the after-pains." She took my advice, and in latter part of December reminded me that she expected her accouchement in about two weeks, and wanted some medicine for the after-pains. I gave her five drops *Vib. op.* every other morning for a week, followed the next week by same dose  $1\frac{1}{2}$  attenuation. Labor was easy, natural, lasted only two and one-half hours, with scarcely any hæmorrhage; placenta came away in fifteen or twenty minutes, and the much dreaded after-pains consisted only of three or four long, steady contractions, almost devoid of pain, and she made a rapid recovery. (ASA ALLEN, M. D.)

In the literature of our school are to be found clinical cases and observations by many writers which are valuable as verifying the above provings. In the Transactions of N. Y. State Homœopathic Medical Society of 1879, vol. 15, p. 67, Dr. J. J. Mitchell reports that "neuralgia and spasmodic dysmenorrhœa, excessive after-pains, cramps in the abdomen and legs during pregnancy, threatened abortion and ovarian irritation, are all noted as having been cured by this drug." In same vol., same page, Dr. J. T. Greenleaf reports "numerous cases of dysmenorrhœa, with pains beginning in the back and going around to the loins (!) and across the pubic bone, like labor pains, have been relieved very promptly." "Cases of habitual dysmenorrhœa have been made bearable, when showing the above symptoms, by the preliminary exhibition of this drug. It was used in the  $1\frac{1}{2}$  dilution and tincture, four drops in three ounces of water, for one or two days previous to flow."

In same vol., page 68, Dr. G. B. Palmer reports the following case of dysmenorrhœa: "The lady was suffering from an excruciating, colicky

pain through the womb and lower part of the abdomen, coming on quite suddenly, just preceding the menstrual flow, sometimes lasting for ten or twelve hours. I had failed to do her much good, though Caulophyllum had relieved sometimes. I gave her Viburnum 1<sup>x</sup> dilution, three drop doses, to be repeated in half an hour if not relieved. The first dose relieved her and she took but two. During the interval of the next period I directed her to take one drop, once a day, and if the pain returned at the next time to take three drops and repeat as before. Suffice it to say, she had but a slight return of the colic, and now reports herself as cured."

Dr. J. V. Riggs (same page and vol.) reports, "that after the use of the drug for four years, he thinks it has never, in a single instance, failed where he has prescribed it for dysmenorrhœa;" but prescribing it for *a name only*, he leaves us without a single indication for its use. Such reports are entirely valueless so far as this or any other drug is concerned. Curing "dysmenorrhœa" is altogether too vague and general, too allopathic in its tendency, to be of any use whatever to the homœopathic practitioner. No indications are given by which we can ascertain the similimum: nothing to contra-indicate Cocculus, Caulophyllum, Xanthoxylum or fifty other remedies useful in this painful affection. Dr. Mitchell closes his article on Viburnum with this characteristic sentence: "This much-boasted remedy in dysmenorrhœa I have used in many cases, and never yet saw any relief except in marked hysterical subjects; in such cases I have had very gratifying results, and in two or three cases apparently permanent cures."

The difficulty in Dr. Mitchell's experience with this remedy is that he has "tried it in cases of dysmenorrhœa" after the plan of Dr. Riggs and our allopathic brethren of *prescribing for a name*, ignoring altogether the totality of the symptoms; not after the model of Dr. Palmer, where the indications are given with such clearness and Hahnemann-like precision that Dr. Lilienthal could copy the language into his Therapeutics as the best known or best recorded indications for the remedy to be found in our literature.

In allopathic practice it has been truly said with reference to the action of new remedies, "*that every drug will find its level*;" and this process of finding its level is what constitutes the difference between scientific medicine and empiricism. In empiric practice a new remedy is lauded to the skies one year as a specific for the name of a disease, while the succeeding year it is as emphatically condemned for its failures; thus finding its "level." Every new remedy introduced into the Homœopathic Materia Medica finds its sphere as soon as it has been properly proven and its symptoms recorded. The remedies of the Materia Medica Pura to-day, stand on the same "level" on which Hahnemann placed them, refined and purified by the severe test of clinical verification through which they have passed as through a furnace, and by which they only shine the brighter.

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#### *Schema of the Proving of Viburnum Opulus.*

BY W. J. HAWKES, M. D.

##### *Mind.*

- (2) Irritable mood, wishes to be alone.
- (1) Inability to perform mental labor.
- (1) Feels very much depressed.

##### *Sensorium.*

- (1) Vertigo, aggravated by descending stairs or attempting to walk in a dimly lighted room.

- (1) Vertigo, as if he would fall.

*Head, Inner.*

- (4) Headache *dull* and *sluggish* in character.

(1) Worse on right side. (1) Headache, beginning on the right side over the eye and extending to the top, with sense of fullness in the head, and pressure on top. (2) Left temple, pain severe and pinching.

*Head, Outer.*

(1) Scalp sensitive to the touch. (1) Hair feels as though it were being pulled.

*Eyes.*

- (1) Eyes (especially right) painful, with more or less congestion present.

(1) Eyes feel sore on closing lids.

(1) Sensation of sand in the eyes. (1) Swollen and somewhat indurated about the eye (right).

- (1) Eyelids swollen. (1) Sclerotica streaked with blood.

*Nose.*

- (1) Violent fit of sneezing. (1) Coryza, thin and watery.

*Face.*

- (1) Face flushed and hot.

*Teeth.*

- (1) Tooth feels sore upon pressure.

*Tongue.*

(1) Tongue dry. (1) Broad and white; with brown centre and imprints of teeth. Taste: (1) Coppery. (1) Disagreeable.

*Mouth.*

- (2) Mouth dry and parched. (1) Lips dry.

*Throat.*

- (1) Tickling sensation in right side of pharynx, causing cough.

*Nausea.*

- (5) Constant nausea. (1) Nausea followed by vomiting.

*Stomach.*

- (3) Indigestion, food lies heavily on stomach.

(1) Sensitive in region of stomach. (1) Dull pain in stomach.

• *Abdomen.*

(1) Darting pains, which finally settle about the navel. (1) Flying pains. (1) Pressure of flatus in left side of abdomen.

*Stool.*

(1) Alternate (1) constipation and diarrhoea. (1) Irregular (4) constipation.

*Urine.*

(3) Increased in quantity. (1) Light colored.

*Sexual Organs, Female.*

(1) Menses too early, too profuse, and offensive in odor. (1) Blood looks like jelly. (1) Flow stains napkins permanently. (1) Bearing down sensation, as if menses would appear.

(1) During menstruation backache as if it would break.

(2) Leucorrhœa thick, white and copious. (1) Leucorrhœa excoriates, producing redness, smarting and itching of the genitals. (1) Congested feeling of pelvic organs, as if menses would appear.

(2) Pain in right ovarian region.

(1) Pain in left ovarian region.

*Larynx.*

(1) Hoarseness.

*Lungs.*

(1) Sensation as if the muscles of the chest failed to act, causing great dyspnoea.

*Heart, Pulse.*

(1) Action of heart increased.

*Back.*

(1) Severe pain in lumbar region.

*Limbs, Upper.*

(1) Left shoulder, in region of subclavian muscle, very sore and lame, aggravated by rest and wet weather, ameliorated by motion. (1) Pain in left biceps.

(1) Pain in right shoulder. (1) Left arm and hand feel numb.

(1) Fingers swollen and numb, aggravated by washing in cold water.

*Limbs, Lower.*

(3) Sensation of great weakness and heaviness in lower extremities. Disagreeable feeling in feet, similar to that produced by the starting of the circulation in a part, after a constriction is removed.

*Nerves.*

(1) Feels languid and dull. (2) Very nervous, cannot keep still.

*Sleep.*

(2) Disturbed by disagreeable dreams.

(1) "Suffocating spells" at night; *very marked*.

(1) Disturbed by slight noise. (2) Restless and disturbed.



*Chill. Fever.*

- (1) Chill from 8 to 10 A. M., or 12 M., followed by severe headache.

*Sensations.*

- (4) Pains flying from one place to another.

*Clinical Experiences with Viburnum Opulus.*

By WM. OWENS, M. D.

*Case No. 1.*

Mrs. D., married 14 years, never was pregnant, dark hair and eyes, sallow complexion.

*Family history.*—Various forms of eruptive disease are known to exist, none described with sufficient accuracy to determine their character. Herself subject to eczema from childhood, symptoms severe itching, followed by burning. Sulphur did no good for the eruption, nor has any one of a half dozen other remedies given for that purpose. Menstruation regular, scant and very painful. Does not remember that she ever passed a month without suffering, pains extending from the loins into the pelvis and thighs, not relieved by warmth. On July 12, 1877, gave 10 drops of tinct. *Viburnum opulus*, with direction to repeat in one hour with five drops, if not relieved. The second dose was taken, though she felt better before the hour was up. She reported that she had no pain but felt utterly prostrate and relaxed, and complained of feeling sick at the stomach, though she did not vomit. This was all she took and has had no return of the painful menstruation to the present time, four years.

*Case No. 2.*

Mrs. McK., aged 30, dark hair and eyes, divorced, had been troubled with painful menstruation for about six years, ever since her only child was born. The child died when three days old. Never had much flow, and had some trouble with the menses before marriage, but not severe; pains mostly in hypogastrium, low down, attended with pain in the thighs of a cramping, drawing nature, cold hands and feet at all times. Sometimes a quite severe chill, followed by fever; does not remember that perspiration ever followed, but remembers distinctly of being thirsty many times. Gave *Viburnum opulus* tinct. 10 drops, repeated five drops in one hour, and again in one hour five drops, although, as she says, she did not need it. She has had no occasion to repeat it, now four years.

*Case No. 3.*

Miss B. L., aged 28, dark complexion, brown hair and eyes, heavy, languid manner; complaining much of her sufferings, very anxious to be relieved. Had to go to bed at nearly every menstrual period for years, from great exhaustion. Menstrual flow six days usually—three days profuse—first and second days suffered greatly from sharp, cutting, rythmical pains in hypogastrium, extending deep down into the pelvis. Sometimes pressing and sore pains remained a day after menstruation, attended by leucorrhœa, which was sometimes offensive. Tinct. *Viburnum opulus* 10 drops, repeated in five drop doses in one hour. Three doses relieved the patient. The medicine was repeated three months in succession and seems to have given permanent relief.—*Transactions of the American Institute of Homœopathy*, 1881.



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HAHNEMANN ; HIS PLACE IN THE HISTORY OF  
MEDICINE.\*

MR. PRESIDENT AND GENTLEMEN,—

Upwards of twelve years ago when I started a Medical Journal for the advocacy of catholicism in Medicine, I said in the opening article "that medical men prove so uncharitable towards one another only because of their unbounded charity towards their fellowmen." I must confess, and do so with the greatest sorrow, that a hard subsequent experience with the world and the profession, and a closer study of the life of the great man and of his system, which are to form the subject of our lecture this evening, have chilled the enthusiasm of youth and compelled me to take a much humbler view of things. No profession indeed offers so much scope and field for charity as medicine, but in no other profession has so much uncharitableness—intolerance and selfishness—prevailed. The reason of this is not far to seek. Duty and interest are the two chief motive springs of human action. In medicine the latter has generally prevailed. Of this we shall have ample proof as we go on.

The life of Hahnemann reminds us that the days of apotheosis and by necessary antithesis the days of iconoclasis are not yet numbered. With his extreme followers he is the very Messiah of Medicine, his Organon of the Healing Art the sacred text from

\* A Lecture delivered by the Editor before the Bethune Society on the 30th April, 1880.

which should not be a hair-breadth of deviation—indeed every word that he uttered was gospel truth. With his opponents he was a downright charlatan and a quack, his writings an unintelligible mass of mysticism and worse than German transcendentalism. And singularly enough, a superficial reading of his life would furnish evidence for either of these opinions. There is certainly a mean between these extremes, and to arrive at this mean we have only to go deeper than the surface, and if we keep our judgment erect, we shall find that we have before us an extraordinary man, a very extraordinary man, indeed, but “a man for a’ that.”

To narrate the incidents of a life that was much longer than the span of ordinary mortal existence, extending from the latter half of the last to the first half of the present century—of a life that was full of vicissitudes and struggles and triumphs of the most remarkable description, of a life that was devoted uninterruptedly to the most difficult and gigantic work ever undertaken, that of establishing the science of medicine on the eternal foundation of fact and law, which necessarily involved the demolition of the time-honored, specious, but delusive fabric of speculative medicine of 3000 years,—to narrate the incidents of such a life, is a task of no ordinary difficulty, especially when it has to be performed within the compass of a brief hour. The sketch that I shall present to you must, therefore, necessarily be very imperfect. The materials at our disposal are : 1. Hahnemann’s Autobiography which ends Aug. 30, 1791 ; 2. His letters ; 3. His works ; 4. Contemporary records. From these, with the help of what Hull, Russel, Dudgeon, Fischer, and others have written, the following narrative has been weaved.

On the 10th of April, 1755, in a small village of the name of Meissen, at the confluence of the Elbe and the Meissa, Hahnemann was born. Meissen is said to be one of the most delightful spots in Germany, and to this circumstance Hahnemann attributes his ardent love of nature. The parentage, so far as the conventionalism of society goes, was very humble. His father was a painter in the Porcelain Manufactory in Meissen, and was the author of a little book on Painting in water-colors. But though poor in worldly riches, the man had a rich and noble mind. “He had the soundest and most correct ideas upon every subject deserving consideration, and his opinions,” says the son, “were strongly impressed on my mind. ‘To act, and to be without pretension,’ was his fundamental maxim, enforced even more by example than by precept.” As we shall see, the maxim was not lost upon him, but became an abiding principle of action throughout his long life, and was one of the chief causes of his remarkable success.

He received his early education in the Grammar school, and then in the College, of Meissen. In the former he remained up to his sixteenth, and in the latter up to his twentieth year. True to his father's maxim, he was careful not to read too much, to understand what he did read, and to digest his information before proceeding further. The result was that he so distinguished himself that he became a pet of all the tutors, and a general favorite even with his school-fellows. To train him in some more profitable profession his father on more than one occasion withdrew him from school, but his tutors, who were enamoured with his powers of mind and capacity of learning, often interfered, requested the father to leave his son with them to follow his own inclinations, and substantiated the sincerity of their care and anxiety for their young pupil, by accepting no remuneration for eight years. The father, though starving on a small income with a large family, was at last obliged to accede to their wish to send him to the University of Leipsic. This was in Easter, 1775, when with 20 thalers and blessings from his father he wended his way to that centre of German learning and science. Prof. Pörner had been kind enough to procure for him gratuitous admission to all the medical lectures at the University, but here also Hahnemann exercised his discretion, and attended only those lectures which appeared most advantageous. As for books, though he was never tired of reading, he selected those only which were serviceable to him, and never more than he could digest. He remained two years in Leipsic; but how did he support himself? Twenty thalers (£3) could not carry him through twenty-four months.

"I supported myself," says he, "by giving instruction in German and French to a young Greek gentleman of fortune from Jassy, in Moldavia, and by translations from the English language. At the expiration of two years I left Leipsic, where I had strictly followed my father's principle, of not only hearing and learning, but of carefully examining and investigating every subject. I did not neglect, as before, to strengthen myself by exercise and fresh air, and thus to acquire that animation and intellectual vigour, without which human nature is incapable of sustained mental exertion." These are words, the significance of which ought to be strongly impressed upon the mind of all our students.

Leipsic "possessed no establishment for the *practice* of medicine," and Hahnemann was not to be satisfied with a mere theoretical knowledge of it. Small as his earnings were from private tutorship and from translations, by dint of economy he had accumulated a sum of money sufficient to pay his passage to Vienna and maintain him there for some time. And in this confidence he went to Vienna and began his studies under Dr.

Quarin, Private Physician to the Emperor, and in the Hospital of the Brothers of Mercy of Leopoldstadt. Quarin, like the professors of Meissen, at once perceived the genius of Hahnemann, and honored, loved and instructed him as if he had been his only and first pupil, and was in the habit of taking him to visit his patients, a privilege he granted to no one else, and all this without any expectation of remuneration. Notwithstanding this kindness of Dr. Quarin, Hahnemann's stay in Vienna could not be long, as by a disgraceful trick at Leipsic he had lost a considerable portion of his hard-earned capital. At the expiration of nine months' stay he found that he had nearly exhausted the 68 florins which were left him, when providentially an invitation, no doubt at the recommendation of Dr. Quarin, came from Baron von Brueckenthal, Governor of Transylvania, to accompany him to Hermanstadt as private physician and librarian. The invitation was accepted for the sake of money no doubt, but only because he saw it would serve him an ulterior and nobler purpose. "I had here" (in Hermanstadt), writes he, "an opportunity of acquainting myself with several languages and sciences connected with my profession. I arranged his (the Governor's) excellent collection of ancient coins and his valuable library ; and after having practised nearly two years in that populous town, I left this generous people for the purpose of taking my degree of Doctor of Medicine at Erlangen, which I was now able to accomplish. I must express my obligations to the learned Delius, Isenflamm, Schreber, and Wendt. M. Schreber especially afforded me valuable instruction in Botany. I defended my dissertation on the 10th August, 1779, and obtained the degree of Doctor of Medicine." This was in the 24th year of his age. It were to be wished that our medical students should follow the example of Hahnemann, and not remain satisfied till they have obtained the highest honors our Universities can confer.

Having now had the highest aspirations of a medical student fulfilled, Hahnemann must now become a medical man, and where could he think of settling as a practitioner ? With his Saxon love of fatherland he returned to Saxony and commenced his professional career in the small mountain town of Hettstadt. Here, however, he found it impossible to acquire either intellectual or physical improvement, and consequently after a stay of nine months left it in the spring of 1781 for Dessau. "Here," he says, "I found society, and an opportunity of extending my information. My leisure hours were devoted to the study of Chemistry, and to short but highly interesting trips amongst the neighbouring mines. At the close of 1781, I was appointed official physician at Gommern, near Magdeburg. The salary of this place, which was rather high, induced me to expect a larger

income than I actually obtained during a period of only three years. Hitherto no physician had ever resided in that insignificant place. The inhabitants had no wish for one. However, it was here that I began to experience domestic happiness, and to feel the advantage of my official duties. Shortly after my appointment I married Henriette Kächlerin, the step-daughter of M. Häsel, apothecary."

Hahnemann's genius was not to be shut up in this "insignificant place." It must find wider fields for its expansion. "Like most men of his type," says Russel, "he pushed to the capital, and in the year 1784, at the age of thirty years, he found himself in Dresden." Here, as in other places, in his previous journeyings, he won the esteem of the chief notabilities. Dr. Wagner, a physician of the highest respectability, and a perfect master of medical jurisprudence, supplied his deficiencies in this branch, and during his illness "entrusted to his charge, for an entire year, all the infirmaries under his care, a wide field for the philanthropist." Adelung, the chief superintendent of the electoral library, and the librarian, rendered his stay in Dresden instructive as well as agreeable. It was here at Dresden that Hahnemann published 18 treatises on various subjects, chiefly chemical. Among others were the description of a new salt of mercury, known to this day as the *mercurius solubilis Hahnemanni*, his treatise on the purity and tests of wine, and his celebrated treatise on poisoning by arsenic, which is still quoted as an authority by the best writers on Toxicology. The great Swedish chemist Berzelius is reported to have said of him, "this man would have been a great chemist, had he not turned a great quack." With Dudgeon, "we may take Berzelius's opinion of Hahnemann's skill in chemistry; but try his physic by other than chemical tests."

Notwithstanding all this reputation and celebrity acquired in it, Dresden did not evidently satisfy Hahnemann, and after four years' stay, in the year 1789, at the age of thirty-four, he removes to Leipsic, "to be," as he says, "nearer the centre of Science," and "in full confidence that Providence would guide whatever the lot of his daily life might be."

In the same year that he removed to Leipsic (1789) he published his treatise on venereal diseases, in which there is no lack of confidence in drugs, but in which the most remarkable thing is the very small doses of his preparation of mercury recommended.

The following year, the year 1790, was the turning point of Hahnemann's life-history, and of the history of medicine. He was engaged in translating Cullen's *Materia Medica*, and when he came to the article *Cinchona* his attention was arrested by the author's explanation of its action in bringing about cures of

intermittent fevers. The explanation, based as it was, upon a number of suppositions, did not satisfy Hahnemann. The Bark, Cinchona, by virtue of its bitterness and astringency, is supposed to be a tonic, and a tonic upon the stomach, and through the stomach, upon the rest of the system, and so on. Thus the Bark is supposed to do this and do that, but nothing is said as to what it actually does. And the idea struck Hahnemann to try to find out what it actually does, instead of imagining what it may do. And how to find it out? Not certainly by administering it in disease. No, but by taking it in health. He was in health at the time, and he took gradually four drachms of good Cinchona bark, by way of experiment, and was surprised to find himself overtaken with symptoms similar to those of the ague. "This first trial," says he in the preface to the article Cinchona in the *Materia Medica Pura*, that is about thirty years later, "this first trial was the dawn of that bright light which now shines in the treatment of disease; it led me to establish and to demonstrate the law that diseases can only be cured by remedies the pathogenetic action of which upon the healthy body is similar to the symptoms of the disease."

Was he guided to this experiment by his knowledge of what Haller had written about the necessity of proving drugs in health, or what Paracelsus and Stahl had written about the curative powers of similarly acting remedies? Hahnemann himself is silent about the matter, and we have no means of ascertaining the truth. The probability is that the experiment was spontaneously suggested by his own mind, and that at the time he had no knowledge of what Haller, Paracelsus, Stahl, and others had written. For if he had this knowledge he would have made the experiment long before, and besides he himself at a later stage of his inquiries adduces the testimony of these men (Paracelsus excepted) as to how near was the great truth of being apprehended before him, but was dismissed with a mere passing thought.

During the two and half years from this date that he spent at Leipzig and the little village of Stotteritz close by, he seems to have been chiefly engaged with his chemical studies, and writing a large number of chemical essays, and translating several chemical and other works besides Cullen's, just named. "His diligence," says Dudgeon, "must have been something extraordinary at this time, and no doubt his increasing family was a source of great anxiety to him, and caused him to slave to the extent of which we have evidence from his publications."

Nothing is known of what he did with his discovery at this time. He could not have been idle. He must have been collecting evidence about it. For we find him from August 1792 in charge of an asylum for the insane in Georgenthal in the Thur-

ingian forest, which he must have accepted not only to give him a competency, but no doubt chiefly to have an opportunity of putting his discovery to the test, and where in all probability he did put it to the test. In this institution he effected a most remarkable cure in the person of Klockenbring, the Hanoverian minister, who was rendered insane by a sharp satire. Hahnemann does not say how he treated him medically, but the manner in which he speaks of a prescription written by the patient himself containing, among other ingredients, *datura stramonium*, leaves almost no doubt in the mind that he must have treated him with this drug, "a remedy," he says, "so excellent for insanity and unknown to many physicians"—a remedy, in fact, which was homœopathic to the disease.

While with Hahnemann at the lunatic asylum, it is but justice that I should mention that if not the very first, he was one of the first who insisted upon, and carried into practice, the moral treatment of the insane in opposition to the barbarous and brutal one of coercive. "I never allow," says he, in his report of Klockenbring's case, "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility, and since such patients only deserve our pity, and cannot be improved, but must be rendered worse by such rough treatment. He (Klockenbring) often showed me with tears in his eyes the marks of the blows and the stripes his former keepers had employed to keep him in order. The physician of such unfortunate creatures ought to behave so as to inspire them with respect and at the same time with confidence; he should never feel offended at what they do, for irrational persons cannot give offence. The exhibition of their unreasonable anger should only excite his sympathy and stimulate his philanthropy to relieve their sad condition." In this he was in advance of the physicians of his age, with the exception of Pinel, and it is a singular coincidence that in the very year when Hahnemann was treating his insane patients in this humane manner, the great Pinel made his first experiment of unchaining the maniacs in the Bicêtre.

He did not remain long in charge of the Georgetal asylum, we do not know why, but in the very same year removed to Walsleben where he wrote the first part of his "Friend of Health," a popular miscellany, and the 1st part of his "Pharmaceutical Lexicon." In 1794 we find him in Pymont, a little watering place in Westphalia, and then at Brunswick, whence he went in 1795 to Wolfenbüttel, and thence to Königsutter. Here he brought out the 2nd part of his "Friend of Health" and of his "Pharmaceutical Lexicon." But Königsutter is destined to remain for ever famous, for it was here that Hahnemann wrote,



in the year 1796, for Hufeland's *Journal*, his celebrated Essay, "On a New Principle for ascertaining the Curative Properties of Drugs" in which he gives for the first time a definite shape to his discovery of 1790 ; in which, having by a masterly analysis and review shown the futility of the methods already in vogue, namely, the method chemical, the method of mixing unknown drugs with the blood, the method of injecting drugs into the blood-vessels of animals, the method of administering drugs to animals by the mouth, the method based upon their external sensible signs, and so on, he leads irresistibly to the conclusion that "nothing remains but *experiment* on the human body," experiment which should not be left to accident, but must be conducted systematically and methodically, in order to discover the pure action of each drug by itself. Having done this, the physician must next ascertain "what do observations of its action in this or that simple or complex disease teach us?" which, he says, may be gathered from the practical writings of the best observers of all ages, but more especially of later times. He concludes by throwing out a suggestion that "we should imitate nature, which sometimes cures a chronic disease by super-adding another, and employ in the (especially) chronic disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured ; *similia similibus*."

What strikes one as very remarkable in this Essay is the extreme philosophic caution with which Hahnemann proceeds in every step, and the slow, gradual inductive process which he recommends for the discovery of the curative virtues of drugs ; and the very modest, respectful, and even imploring language with which he addresses his colleagues. But all this did not protect him from the shafts of ridicule and calumny, which fell thicker in proportion as his success became greater and his reputation wider. Undisturbed, however, he went on, and published several essays in rapid succession in Hufeland's *Journal*. Among these were the report of a remarkable and interesting case of a rapidly cured colicodynia with veratrum album, a similarly acting remedy ; an essay entitled, "Are the obstacles to certainty and simplicity in practical medicine insurmountable?" and essays on antidotes, on the treatment of fevers, and of periodical diseases.

But the hostility of his colleagues, which had already begun to display itself, became very great when he made his discovery of the curative and prophylactic powers of Belladonna in scarlet fever. It will be seen from his essay on the cure and prevention of scarlet fever, how by a careful process of induction he arrived at this discovery which it will take me too long for your patience to narrate. I will not, however, omit to mention the mode he adopted of drawing the attention of physicians to

his newly discovered prophylactic, inasmuch as it was singular, and might be construed into a blot in his professional career. "He announced for publication a work on the subject, and advertized for subscribers, promising to publish the work, which should reveal the name of the prophylactic, as soon as he got 300 subscribers, and in the mean time supplying to each subscriber a portion of the prophylactic, and demanding his opinion as to its efficacy." Hahnemann was no doubt led to this proceeding by the desire to have the prophylactic tested more impartially than it would have been if its name were known, but it was an unusual proceeding and furnished an ample excuse to his colleagues to load him with accusations of avarice and selfishness,—accusations which are answered by his honorable conduct throughout his professional career.

The physicians of Königsutter were not slow to take advantage of every the most trifling circumstance and peculiarity to suppress the rising genius. Hahnemann had for some time abandoned the use of compounds and mixtures, and restricted himself to the use of single medicines. Such being the case he could and did dispense with the apothecaries, and gave his own medicines. The apothecaries saw that if this practice became universal, their occupation would be gone. They, therefore, instigated by the physicians, brought an action against Hahnemann for interfering with their privileges by dispensing his own medicines. "It was in vain," writes Dudgeon, "Hahnemann appealed to the letter and spirit of the law regulating the apothecaries' business, and argued, that their privileges only extended to the *compounding* of medicines, but that every man, and therefore still more every medical man, had the right to give or sell uncompounded drugs, which were the only things he employed, and which he administered moreover gratuitously. All in vain: the apothecaries and their allies, his jealous brethren, were too powerful for him; and contrary to law, justice, and common sense, Hahnemann who had showed himself a master of the apothecaries' art, by his learned and laborious *Pharmaceutical Lexicon*, was prohibited from dispensing his own simple medicines."

Thus shut up from practice and necessarily from prosecuting his researches in the new line which has been opened out to him, he determined to leave Königsutter, which he did in 1799, and to proceed to Hamburg. But misfortunes never come singly. On his way he met with a dreadful accident which cost him an infant son and fractured the leg of one of his daughters. Finding nothing to do at Hamburg, he went successively to Altona, Möllen, Eulenberg and Machern, at which last place he had to struggle with the greatest poverty. "After toiling all day long

at his task of translating works for the press, he frequently assisted his brave hearted wife to wash the family clothes at night."

From Machern he went to Dessau, and from Dessau to Torgau where we find him settled till 1810. It should be noticed that notwithstanding all this persecution he did not yet return abuse for abuse, but that in "A view of Professional Liberty at the commencement of the nineteenth century," written in 1801, he entreats his colleagues to be brothers, to be fair, to be just. "We all," says he, "strive after a common, holy object; but it is not easy to be attained. It is only by joining hand in hand, only by a brotherly union of our powers, only by a mutual inter-communication and a common dispassionate development of all our knowledge, views, inventions and observations, that this high aim can be attained:—*the perfecting of the medical art.*" And this is the man who has been accused of having been the first to use violent language. "Whatever may have occurred at a later stage of the controversy," writes Dr. Rutherford Russel, "incontrovertible dates establish that Hahnemann's early writings, which contain the greater and the most obnoxious part of his opinions, were entirely free from such a blemish; and, indeed, the fact of Hufeland standing godfather to them is ample evidence for all acquainted with the position of that eminent and popular physician, that there was nothing beyond the novelty of the statements and of the doctrines in the writings of Hahnemann to arouse the antagonism, much less to excite the resentment, of the profession of which he was at that time (according to Hufeland) 'one of the most distinguished members.'"

Persecution only succeeded in rousing up his energies to greater activity, and we find him in the midst of the strongest persecution and the most distressing poverty demolishing the fabric of Old Speculative Medicine of 3000 years, and laying the foundation of Rational Medicine on the irremovable basis of positive fact and eternal natural law. His masterly little work, *Æsculapius in the Balance*, published in 1805, did the former, and his first sketch of a *Pure Materia Medica* in Latin, and his vigorous and philosophical exposition of the new doctrine under the title of the *Medicine of Experience*, published in the same year, did the latter.

"And what was the reception," asks Dr. Dudgeon, "this admirable work met with—the most original, logical, and brilliant essay that had ever appeared on the art of medicine? A thousand and captious objectors arose, who, not being able to refute the masterly arguments brought forward by Hahnemann, fell to ridiculing the technicalities of the system; an easy task, since we all know that every new truth appears at first ridiculous. Nor

was calumny silent. Hahnemann was loaded with the most opprobrious epithets because he introduced the custom, then unusual in Germany, of making the patients with whom he corresponded pay for each epistolary consultation. \* \*. A mistake he had made in his former chemical days was raked up from the limbo of forgotten things, and imputed to him as a gross crime, and a proof of his venality and dishonesty, though, in reality, the whole story redounds to his credit. During the period when he had temporarily abandoned medicine in disgust at its uncertainty, and had devoted solely to chemical and literary pursuits, he fancied he had discovered a new alkali, which he denominated *pneum*, and which he sold to those who wished to possess it. Subsequent investigation showed him that he had committed a mistake, and that the substance he had supposed to be a perfectly new matter was nothing but *borax*. He hastened to acknowledge his error, and lost no time in refunding to the purchasers the money he had received for it."

It was during the last year of his residence at Torgau, 1810, that he published the 1st Edition of his *Organon*, under the title of the "*Organon of the Rational Healing Art*." It is in this work that he used for the first time the word *homœopathy* with which he christened his doctrine. In this work he enunciates the fundamental principle of this doctrine not with the hesitation and reserve of a man who was still groping in the dark, as he did in his *Essay on a New Principle*, and even in his later *Essay on the Medicine of Experience*, but with the boldness and confidence of one who was convinced of their truth by repeated verification. The principles enunciated were :—

1. Never to give any substance as medicine of which the pure action in health has not been ascertained.
2. Always to give but one medicine, and never to repeat even that until the action of the first dose has been exhausted.
3. Always to select a remedy homœopathic to the disease, that is, one which is capable of producing a similar morbid state, or similar symptoms, to the disease.
4. To give it in such a minute dose that it shall only act on the part morbidly susceptible of its action, raised to a condition of idiosyncrasy by the disease whose likeness is represented by the pathogenetic effects of the drug.

Soon after the publication of the *Organon* Hahnemann left Torgau for Leipsic from which he thought he could more effectually preach his new doctrines. He entered Leipsic the third time in the year 1811, in the 56th year of his age, and with a widespread reputation not only as an author of rare learning and talents but as a most daring and successful innovator and reformer in medicine. The *Organon* was indeed very sharply reviewed by several learned professors, but this could not stem the tide

of his reputation and good fortune. Crowds of patients and admirers flocked around him, and he was in the zenith of his fame. "His earnest wish at this time was to found some college with hospital attached, for the purpose of indoctrinating the rising generation of physicians in homœopathy, theoretically and practically ; but this plan failing, he resolved to give a course of lectures upon the system to those medical men and students who wished to be instructed in it. In order to be allowed to do this, however, he had to pay a certain sum of money and defend a Thesis before the Faculty of Medicine. To this regulation we are indebted for that able essay, *De Helleborismo Veterum*, which no one can read without confessing that Hahnemann treats the subject in a masterly way and displays an amount of acquaintance with Greek, Latin, Arabian and other physicians, from Hippocrates down to his own time, that is possessed by few, and a power of philological criticism that had been rarely equalled. This thesis he defended on the 26th of June, 1812, and it drew from his adversaries an unwilling acknowledgment of his learning and genius, and from the impartial and worthy Dean of the Faculty a strong expression of admiration. \* \* \* This trial, which his enemies had fain hoped would end in an exposure of the ignorance of the shallow charlatan, triumphantly proved the superiority of Hahnemann over his opponents, and was a brilliant inauguration of the lectures which he forthwith commenced to deliver to a circle of admiring students and grey-headed old doctors, whom the fame of his doctrines and his learning had attracted around him. He lectured twice a week, and from among the followers who gathered round him he selected a number to assist him in the labors of proving medicines, which he pursued without intermission. The vast amount of self-sacrifice, devotion, and endurance these labours must have required from him, those only who have attempted to prove medicines can form an idea of."

Unfortunately, however, for Medicine, with the ascendancy of his fame and fortune declined those qualities of mind which had characterized him in his earlier years—modesty and toleration. We have the evidence of one of his pupils who attended these lectures that "his tone became more dogmatic, and that his manner was not calculated to gain for himself and his doctrines many friends and adherents ; for, whenever it was in his power, he poured forth a flood of invective and abuse against the old system of medicine and its advocates, so that the number of his hearers hourly diminished, till at length only a few of his pupils attended."

This had the necessary and inevitable effect of fomenting the jealousy and hatred of his professional brethren which were already raging high. The arrival of Prince Schwarzenberg.

Austrian Field Marshal in Leipsic, with the express object of placing himself under Hahnemann's treatment, his life having been despaired of by the first practitioners of the old school, stayed all opposition for a time. But the death of the Prince, though after considerable amendment had ensued, caused the opposition to be renewed with redoubled vigour, and the apothecaries, at the instigation of their patrons, the orthodox physicians, played the same game that had succeeded in Königsutter, and got an injunction against Hahnemann not to dispense his own medicines.

His third stay at Leipsic was signalized by many triumphs, of which not the least was the successful treatment in 1813 of the Typhus fever that was raging at the time. He had also published the second edition of the *Organon* and the 1st of the *Materia Medica Pura*. But though now endeared to him with many pleasing associations, he was obliged to leave Leipsic, and at this juncture the invitation of the reigning Prince of Anhalt Köethen to act as his physician and councillor, and to reside in his capital with freedom to prepare and dispense his own medicines, was a God-send. In the summer of 1821, in the 66th year of his age, Hahnemann left Leipsic for Köethen, where he resided for fourteen years.

"After settling at Köethen," I quote Dudgeon, "he seldom crossed the threshold of his door except to visit his patron when he was sick; all the other patients who flocked to Köethen he saw at his own house, and his only walks were in a little garden at the back of his house, which he used jocularly to observe, though narrow, was infinitely high. Here he daily promenaded for a certain time as regularly as he had done in the pleasant Leipsic alleys, and every fine day he used to take a drive in his carriage into the country. He devoted himself to practice and the development of his system. His amazing industry and perseverance never flagged an instant; he worked incessantly. Here he published a third, a fourth, and a fifth edition of his *Organon*, and a second, and a third edition of his *Materia Medica*, each time with great additions and careful revisions." It was at Köethen that he first published his celebrated work on the Chronic Diseases, in which he propounded a new theory of their origin from three sources, syphilis, sycosis, and psora. Whatever opinion we might entertain of the theory, the work contained the provings of a large number of medicines, not to be found in his *Materia Medica Pura*, and which have proved invaluable in practice. It was at Köethen that Hahnemann triumphantly demonstrated the power of prevision and prediction which his law of healing possessed in common with all natural laws, by giving directions for the treatment of cholera, simply from a report of its symptoms and progress, and before he had

seen a single case himself, directions, which, we have the united and unanimous testimony of several observers, proved marvellously successful at the time, and are still our chief guide in the treatment of that scourge of mankind.

It was at Köethen, on the 10th August, 1829, when his disciples and admirers assembled to celebrate the 50th year of his doctorate, that Hahnemann solemnly founded the first Homœopathic society under the title of the Society for the Promotion and Development of Homœopathic Medicine, and which, it was resolved, should meet every year in some part of Germany. Hahnemann was elected its Perpetual President, but each annual meeting would be presided over by a President for the time being, elected at the previous meeting. The Society as such did not continue long. It was not to be expected that every member would bow implicitly to every dictum of the Master, and the Master had arrived at a stage of mind when apostacy had become intolerable. So at the sixth meeting (1834), which he summoned to Köethen and over which he presided, he decreed the dissolution of the Society.

On the 31st March 1830, Hahnemann lost his wife, and he remained a widower till the beginning of January 1835, when there came for treatment under him a French lady of the name of Mlle. Melanie d'Hervilly, adopted daughter of Louis Jerome Gohier, who was Minister of Justice and President under the Republic. This lady's case was pronounced by the first physicians of the day to be incurable consumption, but Hahnemann restored her to health in a few days. The lady out of gratitude resolved to devote her life to the service of the residue of her benefactor's. It was not difficult for her, with her personal charms and rare accomplishments, to win over the heart of the venerable sage, though then in his 80th year, and thus were the words of the poet fulfilled,

All thoughts, all passions, all delights,  
Whate'er stirs this mortal frame,  
Are all but ministers of Love,  
And feed his sacred flame.

Unworthy motives, such as selfishness and avarice, have been ascribed to this lady for her strange connection. But it is forgotten that she was descended from a French noble family of immense wealth, that she was quite independent in that respect, and that she stipulated with Hahnemann before the marriage that he should settle the bulk of his fortune on the children of his former wife, merely reserving for himself an annuity sufficient for his personal expenses.

In May 1835 Hahnemann was carried off to Paris by his new bride, who, through her influence with M. Guizot, obtained for

him authorization to practice. A total revolution was now produced in his habits and tastes, such as entertaining company and accepting invitations, frequenting the opera, and so forth. But "he seems to have entered on this novel course with great zest, and to judge from his own letters and the testimony of others, his new wife must have rendered his latter years extremely happy." This change in his habits did not, however, interfere with the one purpose of his life. He found time to make extensive and important alterations in his *Chronic Diseases*, of which he brought out a second edition. After an eight years' residence at Paris, he died on the 2nd July 1843, at the 89th year of his age. Just before his death, his wife whispered to him by way of comfort, "Surely some mitigation of suffering is due to you, who have alleviated the sufferings of so many." To this the dying sage replied, "Every man on earth works as God gives him strength, and meets from man with a corresponding reward; but no man has a claim at the judgment seat of God. God owes me nothing; I owe him much, yea all."

Thus closed a life which was devoted to the service of humanity in one of its most important aspects, with a zeal, perseverance, energy, love of truth, and success which have not been equalled, and are not likely to be equalled for a long time to come. Judged by its magnitude and importance, his discovery has been the most glorious and beneficent that has yet been made, and his name will stand as the greatest in medicine. Whatever developments the science will attain in the future, they will all be in the direction he has pointed out. For whatever be the fate of some of the extreme minutiae of his system, the cardinal doctrines of provings in health, of the homœopathic remedy, of the single remedy, and of the minute dose of the homœopathically selected remedy will remain the main pillars upon which the science and art of healing by drugs will rest.

There have not been wanting men who have questioned the very originality of his views. But these men forget that Hahnemann himself has gathered the scattered sayings of physicians preceding him, from Hippocrates downwards, who "*vaguely surmised* that medicines cure analogous morbid states by the power they possess of producing analogous morbid symptoms." "I do not bring forward these passages from authors who had a presentiment of Homœopathy as proofs in support of this doctrine, which is firmly established on its own merits, but in order to avoid the imputation of having suppressed these foreshadowings with the view of securing for myself the merit of the priority of the idea." What can be more candid, honest and truthful than this? But admitting that there was no originality in the idea of the necessity of proving drugs in the healthy body as the only means



of ascertaining their pure actions, and in the idea of the *similia similibus* as the best method of bringing about recoveries from diseased conditions, can it be doubted that there was the greater originality in carrying these ideas into actual practice, which none of his predecessors ever did? And how did he do it? By proving nearly a hundred medicines, most of which were deadly poisons, in his own person, and by verifying them in the crucible of the diseased organism with all the caution of an inductive philosopher and of a humane physician. Very properly has Emerson said, that "thought is the property of him who can entertain it; and of him who can adequately place it."

The system of Hahnemann, having been based upon observation and experiment, can only be judged by those who have made similar observation and experiment. It cannot, and ought not to be judged, by any one else—in other words, it ought not to be judged *à priori*. But the system is not without analogical support from other departments of science. Witness, for instance, the phenomena of interference of sound, in which we have silence or the extinction of sound from the addition of sound to sound. Witness the phenomena of interference of light, in which light added to light produces darkness. Witness the phenomena of thermo-electricity, in which, in some cases at least, the direction of the current changes with the variation of the temperature. Witness, last of all, the recent researches of Mr. Crookes, in which you have ocular demonstration of the infinitesimal, and reversal of the importance and activity of the poles in vacua. But I beg you to remember that I do not base the truth or falsity of the system upon these analogies, which I have adduced only to show that it is not so absurd as it is imagined and represented to be.

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### Acknowledgment.

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## TREATMENT OF GOUT.

(Translated from the French of Dr. P. Jousset, in L'Art  
Medical for March, 1882.)

We shall consider the treatment of gout under five heads : (1.) Treatment of the paroxysm ; (2) treatment of the disease in the intervals between the paroxysms ; (3) treatment of chronic gout ; (4) treatment of muscular pains ; and (5) treatment of complications.

A. *Treatment of the paroxysm.* The attack is either *mono-articular*, that is, an attack of classic gout, the gout of sydenham ; or it is *poly-articular*, presenting many analogies with acute articular rheumatism.

I. *Mono-articular attack.* This paroxysm, which begins usually at night, at day break, has its seat upon a small articulation, very frequently, the great toe. The pain is excessive ; it subsides a little during the day to reappear in the night ; the diseased joint is tumefied and becomes scarlet red. The febrile movement is accidental, does not exist except when the pain is very acute. At the beginning the paroxysms of gout last for four days, and every day, they go on diminishing in intensity. Later, they are more prolonged ; and especially passes from one joint to another, and it is this which prolongs much the duration of the attack.

*China*, *ledum palustre*, and *colchicum* are the three principal medicines for the attack of mono-articular gout.

1. *China.* This medicine is indicated by the red and painful swelling of the joints. Its characteristic is that the pain increases not only by movement, but especially by touch, which often carries it to a formidable intensity.

2. *Ledum Palustre.* Like *china*, *ledum palustre* corresponds to arthritis with swelling, redness and pain ; but especially to arthritis of the big toe. *Ledum* is indicated by preference when touch does not exasperate the pain in an excruciating manner ; and when there are cedema and a cold sensation in the diseased members. The pains of *ledum* are lancinating and tearing, they are aggravated by heat of bed.

3. *Colchicum.* This medicine is indicated when there exist articular tearing pains, with redness, heat and swelling. They

are increased by touch. The sensation of burning and tearing are characteristic of *colchicum*.

Following the indications stated above we prescribe one of the three medicaments. Twenty centigrammes of the 1st trituration of *China*, four drops of the 1st dilution of *ledum*, or of the 1st dilution of the seed of *colchicum*, in two hundred grammes of water, one spoonful every hour or every two hours.

II. *Poly-articular attack*. The pain seizes many articulations, small and great; the febrile movement is more considerable, so that this paroxysm has been confounded with that of acute articular rheumatism. Nevertheless, the febrile movement of gout never attains the intensity and duration of the febrile movement of acute articular rheumatism.

The principal medicine here is the *sulphate of quinine*. I always administer a ponderable but a weak dose; twenty or forty centigrammes of the 1st trituration in two hundred grammes of water, one spoonful every two hours; and if the attack is very violent, ten centigrammes of the substance I administer in the same manner. This practice always brings on a relaxation in the pains and considerable diminution in the duration of the attack.

The *salicylate of soda*, administered in the same doses and in the same manner, has given me some success; but this medicament is much less certain than *sulphate of quinine*. In the mono- and poly-articular form of the attack of gout, there frequently exists great anxiety with impossibility to rest tranquilly in one position, though every movement is painful. In that case I prescribe *Ignatia*, and this medicine, in the 6th dilution, affords much relief by causing the agitation to disappear. I prescribe two drops in two hundred grammes of water, a spoonful every two hours or even every hour.

Sometimes I alternate it with another medicine, and then I administer it, in preference, during the night. I recommend this practice to my colleagues.

B. *Treatment of the disease in the intervals between the paroxysms*. *China* is the principal medicine. I administer it from the first to the third trituration, five centigrammes morning and evening, for three days, then stop it for eight days, and begin again. The *salicylate of soda*, in very large doses, has given the best results.

but it is a dangerous medicine, and I have never employed large doses. Of the effects of very small doses, such as ten centigrammes per day, we have yet to study.

It is in the intervals between the attacks that the treatment with mineral waters is useful. Unfortunately, scarcely any other than the waters of Carlsbad have given me lasting success. But these waters are situated so far off, the journey is so very expensive, that they are not within the reach of every body. The waters of Bourbonne in France are comparable to those of Carlsbad, but they are very inferior to them. The waters of Vichy are suitable at the beginning of the disease in vigorous subjects. The waters of Contrexeville are absolutely inefficacious.

III. *Treatment of chronic gout.* It is again *china* which is the principal medicine. It ought to be administered in the way we have mentioned in the preceding paragraph. In the form designated the *nodous rheumatism*, the *bromides of potassium* and of *sodium* are the only remedies which have given me some success in cases refractory to all other modes of treatment.

These medicines ought to be administered in the 1st trituration, five centigrammes, morning and evening, every day, for several months.

IV. *Muscular pains.* This symptom of gout is generally named *muscular rheumatism*, *torticolis*, *lumbago*, *pleurodynia*, *myalgia*. *Rhus Toxicodendron*, *bryonia*, *actea racemosa* and *Veratrum* are the principal medicines for muscular rheumatism. It is necessary to add *Nux vomica* for lumbago.

1. *Rhus* is always indicated when the pain augments with the heat of the bed, when it is accompanied by a sensation of cold and numbness, and when movement diminishes the pains.

2. *Bryonia* is indicated when the opposite is the case; nevertheless it is suitable to certain muscular pains which oblige a change of place and are relieved by movement; but has this difference with *rhus*, that prolonged movement always aggravates the pains, which during rest are never accompanied by that sensation of cold and numbness peculiar to *rhus*.

3. *Actæa racemosa* has the same indication as *bryonia*. It is a very good medicine, it has always succeeded with me in pleurodynia.

4. *Veratrum* has this special indication: an atrocious pain in the morning, and which forces one to get out of bed.

5. *Nux vomica*. With Dr. Cretin it is the principal medicine of lumbago, provided one administers it in large doses. These different medicines should be prescribed in doses of some drops, or of some centigrammes of the 1st dilution, in 200 grammes of water, four to six spoonfuls in 24 hours. I have often prescribed *Bryonia*, *Veratrum*, *Nux vomica* in mother tincture, of 3 to 10 drops, in 24 hours.

V. *Treatment of complications*. The treatment of the complications of gout will come naturally *à propos* of cerebral, pulmonary, cardiac, cutaneous, ocular and other affections. I will here merely remark that in the metastases, known formerly by the name of *goutte remontée* the practitioner ought to bear in mind these two principles: treatment of metastatic affections by those medicines which are proper to them; the recall of the articular affections by the aid of revulsives applied to diseased joints. .

It is also necessary to bear in mind that no treatment can be efficacious in gout without a suitable hygiene, such as: little succulent nourishment; use of milk; water alone for drink; exercise proportioned to the strength of the patient; precautions against cold and humidity.

When the patients are enfeebled; and much more, when they are attacked with a gouty cachexia, it is very necessary to guard against debilitating regimen, and then wine is absolutely required.

EDITOR'S NOTES.

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## AN UNUSUAL AGE FOR A PRIMIPARA.

Mr. R. OSWALD, L. R. C. P. & S. Ed. & M. R. C. S. Eng., reports the following case in the *British Medical Journal* for April 29 :

Mrs. W., aged between 46 and 47 (appearing quite 50), married about two years, was taken in labour with her first child on April 10th. I saw her at 4 A. M., but the os was only very slightly dilated. I saw her again in the afternoon of the same day. The os was then fully dilated, and the pains strong and regular, but the head made no progress, and seemed tightly fixed in the pelvis. After some difficulty I applied the forceps, and commenced traction. It was fully half an hour before the head was born—powerful traction being exerted meanwhile. The child was a large, well-developed male, and soon began to cry lustily. Beyond some slight hæmorrhage the mother did well ; and up to the present (April 29) was doing satisfactorily.

We shall be glad to have the experience of our colleagues in this country on this point. We have known the maximum age to be twenty-four, and the minimum to be ten.

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## CHINA IN ERYSIPELAS.

Dr. Jousset has recorded two cases of erysipelas of the face and of the scalp treated successfully with *China*. In the first case, that of a man of fifty, the symptoms were : intense fever, considerable dyspnoea, continued somnolence interrupted by delirium, profound adynamia. In the second, that of a woman of fifty-five, the symptoms were : enormous swelling of the face, closure of the eyes from swelling of the lids, several large vesicles full of serum on the cheeks, pulse 120, temp. 39°C. (102.2F.) delirium constant but mild. In the first case *China* alone completed the cure, the patient being convalescent after four days' treatment. In the second, *Bell.* 3 had to be given as an inter-current remedy for hallucinations of vision which came on while the patient was improving under *China*, hallucinations which the patient knew to be such. In both cases, *China* was given in mother tincture, 5 grammes in 200 grammes of water, one spoonful every two hours.

Dr. Jousset acknowledges his debt to Dr. Jacoud of Lariboisière for this mode of treatment of erysipelas. But he truly says that the success of *China* does not depend, as imagined by Dr. Jacoud, upon a tonic action of the drug, but as may be seen from its pathogenesis,

upon its actual power to produce in healthy man not only an acute eczema, but a cutaneous inflammation similar to erysipelas, and a remittent type of fever with excessively grave adynamia.

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#### THE EFFECT OF OIL OVER (?UNDER) TROUBLED WATERS.

Mr. John Shields has experimentally shown that the proverb is, in one sense at least, literally true. "Having chosen Peterhead (near Perth) as the most suitable place for his experiment, Mr. Shields caused iron and lead pipes to be laid from the beach into the sea in front of the entrance to the harbour. A force pump was attached to the land-end of the piping, and near it was placed a large barrel containing one hundred gallons of oil. On March 1, Mr. Shields, having been informed by the Meteorological Office that the sea was rough at Peterhead, went thither from Perth, accompanied by several sea-faring men from Dundee and Aberdeen. When the white crested waves were rising to a height of ten to twenty feet, the oil pump was put in motion, causing the oil to spread *in the bottom of the sea*, and on its gradually rising to the surface, the white foam entirely disappeared, and although the swell continued, the surface of the sea was perfectly calm, so that a ship or a small boat could have entered the dock without the slightest danger—an impossibility before the oil was distributed in the water."—(*Scientific American*).

This, however, does not demonstrate the effect of oil *over* troubled waters. An experiment, we believe, could be easily made to see what the effect would be if oil were poured *on* the surface of a rough sea.

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## CLINICAL RECORD.

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#### *A Case of Fever, Constipation, and Otorrhœa.*

BY BABU HURBO NATH ROY, L. M. S.

Nannee, Babu G. C. Ghose's daughter, aged 9 years, was attacked with fever of a continued type on the 6th Sept. last. The father told me that the fever originated from constipation to which she is subject from her birth day. For 6 days she was treated allopathically, during which purgatives of every description were freely used, but without any effect. The girl did not pass a single stool. I saw her on the 7th day at 8 A. M.

*Present symptoms* : Temp. 104°, pulse 116, hard; tongue dry and coated with white fur, bowels confined, otorrhœa of both ears, headache, thirst, restlessness, loss of appetite.

*Treatment* : *Puls.* 30 half a drop in water, every 6 hours. *Diet* :—Barley water.

12th Sept. At 4 P. M. I saw the patient and heard that she had passed one copious stool at noon, and another at 2½ P. M. Stools not kept, no fever, pulse quiet, temp. at par, tongue foul, appetite better, otorrhœa not less. Medicine discontinued.

13th Sept. 8 A. M. one stool passed at 6 A. M., tongue clean, no fever, otorrhœa much less, appetite good. 3 globules of *Puls.* 30 dissolved in 2 ounces of water, a tea-spoonful directed to be given every 6 hours. Diet : milk and sago.

14th Sept. 8 A. M., patient better, no fever, tongue clean. No discharge from the right ear, very slight discharge from the left. One tea-spoonful of yesterday's medicine was directed to be given. Diet : milk and sago.

15th Sept. 9 A. M. Brother of the girl reported that she was all right, the discharge from the left ear having ceased. Diet : Rice and moog-dāl.

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### Cases of Cholera.

By AN L. M. S.

1. Ashutosh, a Hindu male, aged about 34, presented the following symptoms when I saw him on the 16th November 1882 : Rice-water purging and vomiting, cramps in the calves and fingers, evacuations copious and violent, suppression of urine, cold clammy perspiration, extremities, nose and breath icy cold, eyes sunk in their sockets, voice reduced to a whisper, thirst inordinate and drinking large quantities at a time, pulse barely felt at the wrist, mind apathetic, countenance hippocratic, &c., &c. I gave *Verat. Alb.* 6, *Acon.* 1, *Cupr.* 6, *Secal.* 6, *Ars. Alb.* 12, *Carb. Veg.* 12, in the order given without any effect whatever. *Nutishek* (dry heat) was also applied, but the case remained stationary. It became neither better nor worse. I then thought of giving *Calomel*, and gave three powders containing a grain each, with grs. v of the *Sodium Bicarbonate*. This seemed at once to take effect, the pulse rose, the heat returned, the countenance and voice improved, and the stools became bilious, but the urinary secretions took long to re-establish. This too resisted the well-known powers of *Canth.* and



*Terebinth.* but yielded to *Spt. ether nit.* given  $\text{m} \nu$  every  $\frac{1}{2}$  hour. There was one very troublesome symptom, I mean, hiccup, which seemed to follow the administration of calomel. This showed no tendency whatever to yield to any medicine given under that head in the *materia medica*. It disappeared after he had taken some nourishment (*Gandal* soup.)

2. A, another Hindu male, aged about 25, had a sharp attack of cholera on the 4th April 1882. There was another case of cholera which proved fatal in that house 4 or 5 days before. He applied to me for treatment at about 9 P. M., when I found him passing profuse rice-water stools, but not bringing up anything. There were no other symptoms except the violent profuse stools, almost every 10 minutes, the pulse was unaltered. As I had nothing with me at the time, and as the patient had Tr. Camphor with him I ordered him to take the same till my medicine could reach him. I gave *Acon.* 1 and *Ars.* 12 in alternation (I gave the latter simply because there was a fatal case in that house only a few days before). On the following morning I found the case worse—no evacuations, no pulse, extremities cold, eyes sunk, voice whispering, countenance hippocratic, urine suppressed, abdomen distended though not actually tympanitic, &c., &c. I gave *Calomel* gr. iii with gr. v of *Sodium Bicarb.* 2 doses, it being my practice to give *Calomel* in such large doses (grs. iii.) when there is actual tympanites or a tendency to it. At 1 P. M. I saw the case again and was glad to find that the pulse had returned and there was improvement in every respect. At this stage the case was transferred to another hand. I report this incomplete case simply because it shows how calomel acts beneficially, if judiciously administered.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 20. ARGENTUM NITRICUM.

#### Constipation :

1. Constipation : the substances evacuated were dry and of a firm consistence, whereas his bowels were generally loose.
2. Dry, firm alvine evacuation.
3. Constipation aggravates every complaint ; alternates with D.

#### Diarrhœa :

1. Liquid sts., dark-colored and quite frequent.
2. D. ; sts. at short intervals, the first being papescient and copious, the next scanty and of a watery mucus of dark color.
3. Six liquid, brown evacuations of a fœtid smell.
4. 6. A. M., awakened by sudden urging to st., the discharge copious, half fluid, bright yellow, without pain or straining.
5. Scanty, watery D. at midnight, accompanied with flatulent colic and much noisy flatulence during the evacuation, after having eaten sugar greedily in the evening.
6. D. after breakfast.
7. Violent D. like spinach in flakes,° (Lippe).
8. Two or three stools daily, softer than usual.

#### Cholera :

1. Stools copious, fluid, and followed by vomiting.
2. Green watery, sour-smelling stools (*Hering*).

#### Dysentery :

1. Daily, two or three liquid sts., with much mucus.
2. A slight colic wakes him from his uneasy slumber, and he had sixteen sts., of a greenish, very fœtid mucus, accompanied with emission of a quantity of noisy flatus.
3. Four sts. of green mucus, with retching, vomiting of mucus, pain in stomach, and drawing pain in abd. ; all this time she could not bear being laced around the hypochondria.
4. Bloody sts., with great debility.
5. Several sts. of bloody mucus, without any particlular pain, towards morning.

#### Aggravation :

1. In the morning ; in the evening ; about midnight.
2. After eating sugar ; after breakfast.
3. During dentition (*Hering*).
4. From exalted imagination (*Hering*).
5. As soon as he drinks (*Hering*).

#### Amelioration :

1. General relief by emitting flatulence, or belching.
2. Sore like pain in the abdomen lessened by eating.

#### Before St :

1. Colic.
2. Urging.
3. Shifting of flatulence in the abd.

**During St :**

1. Urging.
2. Pains in hypogastrium.
3. Emission of noisy flatulence.
4. Retching, vomiting of mucus.
5. Great debility.
6. Flatulent colic.

**After St :**

1. Vomiting.
2. Urging.

**Rectum and Anus :**

1. Stitches in the rectum.
2. Creeping and burning in the anus.
3. Repeated itching of the anus inducing him to rub until he became sore.
4. Discharge of ascarides, tœnia.

**General Symptoms :**

1. Time seems to pass slowly.
2. Thinks about killing himself. (*Hering*).
3. Giddiness, as if intoxicated, with lassitude and debility of the lower limbs.
4. Painful fulness and heaviness in the head with inability to recollect.
5. Headache, relieved by tying something tightly round the head.
6. Sunken, pale, bluish countenance ; appearance of old age.
7. Gums tender readily bleeding, but not swollen nor painful.
8. White tongue ; red painful tip of the tongue, papillæ erect and prominent ; tongue remarkably dry, with violent thirst.
9. Fœtor from the mouth in the morning. *Ptyalism*.
10. Taste, sweetish bitter, sour, metallic, astringent, inky.
11. Urging desire for acrid cheese. Irresistible desire for sugar.
12. Food tastes to him like straw.
13. Sensation as of a splinter lodged in the throat when swallowing, eructating, breathing, stretching, and moving the neck.
14. Burning and dryness in the fauces and pharynx.
15. Eructations, violent, insipid, and accompany most of the gastric derangements.
16. Nausea after each meal for a long time, specially after and during dinner ; slight nausea, disappearing after eating.
17. Vomiting and diarrhœa with violent colicky pains.
18. About midnight awoke from an oppressive sensation of a lump in region of stomach, inducing vomiting ; not till morning does she throw up glairy mucus, which can be drawn into threads.
19. Deathly nausea with headache, not abating from vomiting.
20. Speedy repletion.
21. Gnawing pain in the stomach in the left side.
22. Stinging ulcerative pain in the left side of stomach, directly below the short ribs, more intense during a deep inspiration and when touching the parts.

23. Ulcerative pain in the stomach after dinner.
24. Burning heat in the stomach.
25. Violent cardialgia, griping, and burning.
26. Sensation as if stomach would burst ; wind<sup>\*</sup> presses upwards but œsophagus feels spasmodically closed, ineffectual effort to eructate, with excessive strangulation, pressing pain in stomach, faintish nausea, waterbrash, paroxysm ceases by frequent and violent belching.
27. Sensation as if stomach and œsophagus are filled with food.
28. Painful swelling of the pit of the stomach with great anxiety.
29. Abd. swollen and distended.
30. Emission of flatulence.
31. Pain in hypochondria ; stitches dart through abd. like electric sparks, especially during sudden transition from rest to motion.
32. Colic around umbilicus.
- 33. Pressing pain in the groin more violent when touching them.
34. Burning during and after micturition.
35. The urine is long before it makes its appearance.
36. Urine, pale ; pale yellow ; dark yellow ; frequent and copious ; scanty and rare ; becomes clouded from mucus.
- 37. Tremulous weakness accompanied with general debility as after great physical exertions, and apathy.
38. Sensation as if body, and especially face and head, expanded ; he feels as if bones of skull separated, with increase of heat..
39. Restless, stupified sleep, with horrid dreams ; prevented from falling asleep by fancies and images hovering before his imagination.

**Remarks :** *Arg. nit.* produces constipation with the characteristic dry stool, exactly as *arg. met.* does, and may, therefore, be useful in combating this sort of complaint. So far as yet observed the pure metal produces only slight diarrhœa, and has not produced dysentery. The nitric salt has been found to exert very decided and energetic influence on the bowels in these directions, and both diarrhœa and dysentery, from mild to most violent, have been produced by it. In the character of the stools, it resembles *cham.*, *ipeç.*, and *merc.*, the conditions of aggravation and amelioration, and the general and particular accompaniments differing, and thus enabling the practitioner to differentiate between them. In the diarrhœa and dysentery of children, it is immaterial if they are cutting teeth or not, with the characteristic brown, or yellow, liquid or even watery stools, or green, slimy, bloody stools, passed with the noisy emission of flatulence, especially if among the general symptoms, there is an inordinate avidity for sugar, we have found *arg. nit.* an unfailing remedy. In the advanced cases, whether of diarrhœa or dysentery, where the stools are innumerable, where there are ulcerations in the intestines, where the tenesmus and the colic before during and after the evacuation are excruciating and unbearable, it affords relief, if it cannot effect a cure, such as no other medicine can. In one moribund case of this description, it reduced the number of stools from six to ten in an

hour, to four to six in twentyfour hours, and relieved the tenesmus and the colic in an astonishing manner.

## 21. ARNICA MONTANA.

### Constipation :

1. Sts. firmer and less frequent.
2. Stool sluggish, hard, difficult, with aching in the abd.

### Diarrhœa :

1. Frequent st : after every st. he is obliged to lie down.
2. Diarrhœaic sts., with cuttings in the abd.
3. D. resembling brown yeast.
4. Nightly D. with pressive colic, as if from flatulence.
5. Paplike D. with distension of abd. previous to st.
6. Involuntary st. at night when asleep.
7. White Diarrhœaic motions ("Diarrhœa with copious evacuation of fæces seems only to be a secondary action of arnica."—*Hahnemann*),
8. Pappy, brown st., with rumbling in the abd., as if D. was coming on.
9. St., sometimes diarrhœaic sometimes scanty and tough, with much wind.
10. Sts. thinner and darker than usual.
11. Sts. undigested, although not liquid.
12. Tenesmus ; this is followed by copious, thin, or pap-like, sour-smelling sts., giving great relief.
13. Frequent, fluid, frothy, acrid, very fœtid sts., with much flatulence.—*Hering*.

### Dysentery :

1. Frequent small sts. consisting only of mucus.
2. Increased soft sts. with considerable loss of blood.
3. Bloody, purulent sts. (In a child who, after a fall, had arnica).
4. Tenesmus every hour, but only mucus passed.
5. Tenesmus, with emission of flatulence.
6. Sudden, violent urging to st., as though D. would come on, but only few pieces of natural st. pass.

### Cholera :

Watery D. (hardly left closet during the night).

### Aggravation :

1. Night
2. After mechanical injuries.
3. From motion.
4. From lying on the left side.
5. In typhoid fever.
6. During gastric fever.

### Before St :

1. Tenesmus.
2. Rumbling.
3. Abd. distended.

### During St :

1. Rumbling and pressure in abd.

2. Cutting in the intestines.
3. Noisy passage of much wind.
4. Urging, tenesmus.
5. Bruised pain in the back (with slimy sts.)

**After St :**

1. He is obliged to lie down.

**Rectum and Anus :**

1. Tenesmus of the rectum.
2. Straining and pressing in the rectum when standing.
3. Sensation of rumbling in the rectum.
4. Blind hæmorrhoids.
5. Burning and shooting in the anus.
6. Ineffectual urging to st.

**General Symptoms :**

1. Excessive sensitiveness of the mind.
2. Stupor with involuntary discharge of feces.
3. Hopelessness. Indifference to everything. Violent attacks of anguish.
4. Forgetful. Fears even the possibility of being touched.
5. Great heat in the head with a cold body.
6. Dry mouth, with much thirst.
7. Putrid smell from mouth.
8. Tongue, dry, coated white and yellow.
9. Taste, bitter, or of rotten eggs.
10. Desire for vinegar, water, for alcoholic drinks.
11. Repugnance to food ; aversion to meat, broth, milk, smoking tobacco, brandy.
12. Eructations empty, bitter, tasting like rotten eggs.
13. Nausea, ineffectual efforts to vomit. Vomiting of coagulated blood.
14. After eating, distress in epigastrium.
15. Feeling of repletion of the stomach, accompanied by loathing.
16. Pinching, spasmodic griping in the stomach.
17. Stomach distended with wind.
18. Stitches under false ribs of left side intercepting the breath.
19. Distended abd. with frequent urging to st., though more than ever constipation ; with frequent passage of wind, better by escape of flatus.
20. Colic in abd. resembling dysentery.
21. Offensive flatus, smelling like rotten eggs.
22. Whole body feels sore and bruised. Bed seems too hard. Restless, constantly changes position.
23. Tenesmus of bladder, with ineffectual urging, or involuntary dropping of urine. Has to wait long for urine to pass.
24. Urine watery, copious ; more frequently red, scanty ; sulphur-colored, turbid, frothy, with neutral action ; or strongly acid ; turbid from boiling, cleared by nitric acid. Sediment contains crystals of ammonio-phosphate of magnesia.

(To be Continued.)

## Gleanings from Contemporary Literature.

### PREJUDICE

#### THE CHIEF OBSTACLE TO THE SCIENTIFIC INVESTIGATION OF POSOLOGY IN CLINICAL MEDICINE.

BY H. C. ALLEN, M. D.

Sidney Smith is quoted as saying: "Never try to *reason* the prejudice out of a man. It was never *reasoned* into him and it never can be *reasoned* out of him."

Notwithstanding the self-evident truth of the above quotation, prejudice may almost be considered a common birthright of the medical profession, where the most enlightened are disposed to place as much weight on a theory as on verified fact. It has affected all schools of medical belief, retarding the advancement of the dominant school as well as the perfecting of "the science of therapeutics" developed by Hahnemann. It required years of severe mental discipline ere Hahnemann himself—the most original medical investigator the world has yet produced—could completely divest himself of the prejudices of his early education. Hence, one of the first steps to take in entering upon the scientific investigation of any subject—particularly one surrounded by so many difficulties and one in which our colleagues honestly entertain so many differing opinions as on the subject of posology—is to divest our minds of prejudice. Unless this be done in a spirit of candid enquiry, our investigations will have little of scientific value and less of practical weight in the field of clinical medicine, as in the entire range of medical topics there are few on which we entertain stronger or more absurd prejudices, or cling to them with greater tenacity, than that of the materiality of drug action.

#### *Our Fundamental Principles.*

Hahnemann is often referred to as the discoverer of the law of the similars, and in a certain sense he no doubt was, in that his experiment with *Cinchona bark* was the first insight he had of it. But Hippocrates saw it centuries before, and Haller not only discovered the law but promulgated his discovery to the profession years before Hahnemann saw the dawn of a better day in medical history.

In 1738, nearly fifty years before Hahnemann's discovery, Stahl condemned the prevalent method of treating diseases by opposite remedies as completely false and absurd. On the contrary, he says, "diseases are subdued by agents which produce a similar affection. It is by these means I have succeeded in curing a disposition to acidity of the stomach by using very small doses of *Sulph. acid* in cases where a multitude of absorbing powders had been administered to no purpose." But even as astute observers as Haller and Stahl, after detecting the "law of cure" and in a crude way applying it in practice, like most of their contemporaries, appear to have been content with the simple discovery, or at least not able to so far perfect it as to reduce to actual practice and make a system of medicine.

In 1761, thirty years before Hahnemann's experiments with *Cinchona*, Baron Storer made a proving of *Aconite*. But he, likewise, failed to connect the symptoms elicited with any natural "law of cure," or to establish upon that basis a science of therapeutics.

Such distinguished lights in the medical world as Hufeland, Sydenham, Pereira, Watson, Trousseau, Simpson, Cooper, Forbes, Holmes, Wood, and many others, although able to see "the beam in the eye" of the prevailing system of medicine, and while painfully convinced of and deeply deploring the terrible uncertainties of medical science (so-called) as taught and practised in their time, yet none have been able to cast aside their prejudices and pre-conceived opinions and honestly undertake its improvement by practical experiment, even after they had been told there was a better way.

To Hahnemann was reserved the herculean task which at once marked the genius of the man and the independence of the unprejudiced explorer. He not only pointed out the way, but he cast aside his prejudices, and led the advance; thus by reducing his discovery to practice, placing *Similia Similibus Curantur* upon an imperishable basis as "the science of therapeutics."

As a result of his labors, every homœopath acknowledges "the law of the similars" as his guide in the selection of the remedy, whether he agrees with Hahnemann's theoretical explanation of the action of the law, whether he believes it universal in its applicability or only limited in its sphere of application. He may not be able to explain its *modus operandi*. To him it is simply a fact which has been demonstrated by hundreds at the bedside in clinical experience, and he knows that "*the cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick.*"

He also acknowledges that "*the only proper way to ascertain the unknown curative power of drugs is to prove them on the healthy.*" "And finally, *all homœopaths concur in giving but one medicine at a time, never mixing different drugs together, under the absurd expectation that each will act according to their dictum.*" Hering says: "This is the glorious tri-color of our school, which will make the circuit of the world, and in these we are as the heart of one man." There is no doubt that on these principles the profession is united in theory at least, but that the single remedy is not adhered to in actual practice there is as little doubt.

These cardinal principles bequeathed us by Hahnemann are the sheet anchors of our system, on which all ought not only to agree in theory but by which all ought to be guided in practice. But, unfortunately, there is a vast difference between theory and practice, and the first material divergence is to be found in

### *The Selection of the Remedy.*

In paragraph 18 of the Organon, Hahnemann lays down the fundamental principle that "*the totality of the symptoms* (objective and subjective) *is the sole indication in the choice of the remedy,*" and continues: "From this incontrovertible truth, that beyond the totality of the symptoms there is nothing discoverable in diseases by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be *no other indication* whatever than the *ensemble* of the symptoms in each individual case to guide us in the choice of the remedy."

Evidently there is a diversity of opinion as to what constitutes "the totality of the symptoms," or how are we to obtain "the totality of the symptoms" in order to make the appropriate selection? Every practitioner who accepts the law of the similars as his guide in therapeutics, should also accept the corollaries, as they necessarily form a part of the law in its practical application in clinical medicine, and the "single remedy" and "totality of the symptoms" are the two chief corollaries, and on their proper acceptance and application depends our best success. Every one



admits the necessity of selecting the *similar* remedy, and the question may reasonably be asked, similar to what, "the totality of the symptoms" of which the patient complains, or the "pathological conditions" which go to make up what the diagnostician terms the "pathognomonic symptoms" of the disease? The basis of a prescription, all will admit, is to be found in the similarity of the characteristic symptoms of the patient on the one hand, and those of the selected drug on the other.

The symptoms of our patient may be those commonly found in a case which we diagnose as pneumonia, for instance. But all cases of pneumonia are not alike: in fact, no two cases are alike; still we may find in every case enough symptoms pathognomonic of the affection to nosologically arrange it under pneumonia. *Aconite*, *Bryonia*, *Phosphorus*, have actually produced in cases of poisoning, uncomplicated pneumonia, and many other remedies may do so in future. But we would not, for no better reason than the above, give one or all of these remedies in every case of pneumonia, without reference to anything but our diagnosis. Dunham says, "That those symptoms which the prescriber regards as characteristic symptoms, are not at all the same which the diagnostician regards as pathognomonic symptoms; they are not the phenomena from which the malady gets its name, those which depend upon, and indeed constitute its pathological anatomy." It is chiefly the subjective symptoms presented by the patient that form our safest guide in the selection of the remedy. It is these principally from which we obtain the data for a successful prescription.

Very few of our remedies have ever been known to produce the pathognomonic or diagnostic symptoms of disease, unless in cases of accidental poisoning, and if we were deprived of the subjective symptoms of our provings we would be no worse off than when we discard the subjective phenomena of our patient in obtaining "the totality of the symptoms."

"Cases still further illustrating this fact are to be found in the clinical records. It happens sometimes that cases of disease are cured by drugs that had not, at the time they were so used, been known to produce the pathognomonic symptom of the malady they seemed to have cured, whereas subsequent more extensive provings or observations in cases of poisoning, have shown that these drugs are capable of producing and do produce these organic changes, these pathognomonic objective symptoms."—(Dunham.) In fact, Dr. Dunham might have said that it is to this kind of accidental clinical experience we are indebted for the introduction of many of our best remedies into our *Materia Medica*—*Apium virus* and *Arnica* in particular.

Hahnemann cured a case of hæmorrhoidal tumors with *Chamomilla*<sup>80</sup>; J. B. Bell a case of pneumonia with *Podophyllum*; and many cases of albuminuria have been cured by *Apium virus*, although as yet we have no record that *Chamomilla* ever produced the pathognomonic tumor, *Podophyllum* pneumonia, or *Apium virus* albuminous urine. How, then, it may be asked, were these remedies ever selected, if they were selected on "the totality of the symptoms?" By the general subjective symptoms presented by the patient. Many of our most brilliant cures could be made in no other way. And Hahnemann also says that in order to obtain an exact similimum "the totality of the symptoms" must be made to include all the ailments of which the patient complained from the commencement of his illness, some of which may have occurred months or years previously. The previous history of the case, the anamnesis to which Hahnemann, Boenninghausen and Dunham attach so much importance, must often be carefully studied in order to obtain "the totality of the symptoms" in their entire similarity. Dunham says that "During the winter season, a gentleman about seventy years of age applied for relief from a dull, heavy, frontal headache, which incapacitated him from mental labor. He could give me

no more definite nor characteristic description of his ailment. It was felt as soon as he waked, and lasted all day. It had annoyed him for years, more during winter, whereas during summer he was comparatively free from it. But during the summer he was frequently attacked with an 'Aloes' diarrhoea. I regarded the headache which predominated in winter and the diarrhoea which predominated in summer, as in some sort complementary symptoms, and as making up, both together, 'the totality of the symptoms,' for which I was to seek in the *Materia Medica* the *similimum*. I prescribed *Aloes*<sup>200</sup> which cured the headache, nor did the diarrhoea return as it used formerly to do whenever the headache ceased to prevail." The totality in this case meant the aggregate of the patient's sufferings, and it would have been almost impossible to have found the *similimum* from the peculiar "dull, heavy, frontal headache" for the relief of which he consulted Dr. Dunham—because that is a headache common to many drugs—had the characteristic diarrhoea not been taken into consideration. He must take not only each individual symptom as a fact, but by a careful analysis ascertain, if possible, its cause, history, and the complex phenomena of which it is an exponent, such as the time of its daily occurrence, or greatest intensity; its aggravation or amelioration; how it is affected by position, motion, rest, eating, drinking, the process of digestion, mental emotions or atmospheric changes, etc. Hence we see that each prominent symptom of which the patient complains is, by a careful analysis, found to consist of a "totality" of lesser symptoms or modalities, without a perfect knowledge of which the prescriber will find it difficult to select his *similimum*. This is all to be ascertained in examining the case when the first record is made—the "taking of the case," as it is called—before he is prepared to fit the similar remedy to it.

The proper record of a case is by far the most difficult part of the duty of the prescriber, and in severe or complicated cases should invariably be written down. Hahnemann says, "The totality of the symptoms which characterize a given case—or, in other terms, the image of the disease—being once committed to writing, the most difficult part is accomplished. He can then study it in all its parts, and draw from it the characteristic marks, in order to oppose to these symptoms—that is to say, to the disease itself—a remedy that is perfectly homeopathic." Dunham says, "To select the remedy after a masterly examination and record of the case is comparatively easy. But to *take* the case requires great knowledge of human nature, of the history of disease, and, as we shall see, of the *Materia Medica*." The recording of the "totality of the symptoms" is not only the most difficult, but it is the first part of the duty of the prescriber. The symptoms of the patient are to be removed by selecting a drug having similar symptoms. These two facts must be fitted to each other as a glove is fitted to the hand. Of the "pathological conditions" we can never obtain an accurate knowledge without a post-mortem examination. They must always exist to a great extent in the imagination of the prescriber; and different minds may find different "pathological conditions" in the same disease. The "group" or "totality of symptoms"—the diseased condition presented by the patient is a *fact*, for which we are to find a similar *fact* in the *Materia Medica*. The "pathological condition" is largely *theoretical*, for which it would be difficult to present anything similar but a *theory* of the action of a drug. This never would meet the requirements of a law of cure, and therapeutics as a science would be an impossibility.

The case is admirably summed up by Dunham in three propositions, viz.:

"1. The point of view from which the pathologist and diagnostician regard a case of disease, and that from which the therapist or prescriber

regards it, are radically different. And inasmuch as therapeutics, as a science, have hardly received any systematic cultivation, while great and successful attention has been paid to pathology and diagnosis, it has happened that the manner in which disease has been studied, discussed and described by medical authors—contemplating it rather as a natural phenomenon to be studied and classified, than as a condition of the individual patient, for which an individual specific is to be found—has been unfavorable to the purposes of the prescriber, obscuring rather than elucidating those points which are to be his chief guides, and exalting into a position of prominence features which are to him only of subordinate value.

2. The arrangement of a *Materia Medica* on the basis of a pathologico-anatomical schema, as is desired by some, would be, first, impossible; second, useless; third, sure to mislead.

3. It is probable that while to the diagnostician, the pathological anatomy of a case is the fact of prime value, to the prescriber, the diathesis, general and special, is that to which he is chiefly to look for his indications."

### *The Single Remedy*

is the remaining corollary of vital importance to a successful application of the law of cure in scientific medicine. Polypharmacy lays it down as a rule that we must select our remedies according to the effect which each produces singly, and then combine them with reference to the effect which we wish to produce in a given case, which is usually a modification of the action of one or the other. *Hydrargyrum cum creta*, *Calomel* and *Opium*, and *Dover's powder*, are familiar examples of the prevailing practice. But this does not always work well. The scientific objection is that there is a theory at both ends; the practical objection—the bedside objection—is that it is a failure in practice. It lacks all the elements of *scientific prevision* of which a system based on a law of cure can boast. Our *Materia Medica* is the record of the symptoms obtained in the proving of each drug *individually*, not in alternation or in rotation, or of two or more drugs mixed together, (not a chemical union). We have no pathogenesis of *Arsenic* and *Nux vomica*, of *Aconite* and *Belladonna*, of *Rhus tox.* and *Bryonia* in alternation, nor do the demands of science require it. Dr. Sørge says, "The practice of alternation as it exists among homœopaths is only another form of *mixing remedies* with the intention of getting an effect compounded of the action of the two or more drugs that are alternated." Given, the "totality of the symptoms" of a properly recorded case, two or more drugs cannot be the *similimum*. We have no such record in our *Materia Medica*. Suppose the case to be one of intermittent fever, where pathology can afford us no aid, some remedy is *more similar* to the aggregate of symptoms than any other, for the best of all reasons, that no two drugs are alike in their action. It may be *Arsenic* or *Nat. muriaticum*, but it cannot be both. If one be *like* the array of symptoms presented the other cannot be, as no two remedies are *identical* in their action.

Our law of the similars is a *universal guide* for the selection of the remedy, and it is the universal application which constitutes homœopathy the "science of therapeutics." On the other hand it is absolutely impossible to formulate a rule or rules for the selection of remedies to be given in alternation. The practice leads directly to polypharmacy, routinism and theorizing; but an imperfect knowledge of our *Materia Medica* and the underlying principles of our science, combine to keep it alive.

To diagnose a case of intermittent fever and prescribe *Quinine* as an "anti-periodic," whether indicated or not, or to give two or more remedies in alternation, does not require either a very extensive knowledge of the

history of disease or of *Materia Medica*. But to properly "take the case," obtain the individual peculiarities of the *prodrome*, *chill*, *heat*, *sweat* and *appyresia*, so as to distinguish it from his neighbor's case in the same or the adjoining dwelling, is a very different matter. The latter may be done with scientific accuracy; the former, to say the most, is but a system of guessing.

The argument so frequently advanced by alternationists (and I have used it myself) is that of expediency, viz.: "That where I use two remedies in a given case, some other man, better posted in his *Materia Medica*, might have found one that would have covered the symptoms and cured the patient. It is not a question of what might have been; the case was mine, and I did the best I could." This answer will, no doubt, exonerate any man, both in conscience and in the eye of the law. But will not a similar remonstrance receive from the allopath and eclectic a similar reply? "I am doing the best I can according to the light I have," may justify the prescriber, but it is begging the question. What about the demands of science, or the perfecting of the noble superstructure bequeathed us by the Master? An alternating practice can never aid us to improve our present system, or guide us to a more successful application of our remedial agents in disease. On the contrary it often defeats its own aim not only in theory but practice. It is not necessary to study the antagonisms of drugs in an alternation practice, and hence we find it an every-day custom to give *Pulsatilla* and *Nux vomica* in alternation, in both acute and chronic disease, where the latter is the antidote of the former, thus preventing a cure which either remedy might effect if permitted to do its work in its own way.

*Pulsatilla* and *Lachesis* are always incompatible, and yet many an ~~accident~~ is no doubt sorely puzzled after he has carefully selected and prescribed these in alternation to find his patient worse instead of better. *Cinchona* is frequently given in alternation with *Arsenic* or *Ipecac*, and yet *Arsenic* and *Ipecac* are both antidotes of *Cinchona*. *Bryonia* is antidoted by *Nux vomica*, *Pulsatilla* and *Rhus tox.*, and yet daily, if not hourly, each of these remedies is given in alternation with *Bryonia*. *Belladonna* is complementary to *Calcarea ostr.*, *Arnica* to *Aconite*, *Apium virus* to *Natrum mur.*, *Ferrum* to *Cinchona*, and yet they are alternated daily without any reference to the complement. *Coffea* is inimical to *Ignatia*, *Nitric acid* to *Lachesis*; and when a case is not relieved or suddenly becomes worse under their alternate use, some other explanation is found or sought after than the real one.

The modalities of a remedy often serve to distinguish it from others very nearly allied, and it is on these that its chief value depends. In typhus, typhoid, cholera morbus, gangrenes, etc., the amelioration or aggravation by *heat* serving to individualize *Arsenic* from *Secale cornutum*; the sufferings of the former being relieved, while the latter are made unbearable by heat. But this is of no service to the alternationist; he prescribes them in the old way and at the same time, never heeding the admonition of Hahnemann that in order to obtain the highest possibilities of the law we must *individualize*, not *generalize* in our practice.\* We should select the remedy for the sick man; not turn loose several remedies in the system at the same time, trusting the selection to nature and ignoring the injury done by the non-indicated. It is not the *Materia Medica* that is at fault—imperfect or unreliable—so much as the manner of using it. Neither is it the number of works of *Materia Medica* we study, so much as the manner of studying them, that will enable us to become accurate prescribers with a single remedy. The provings are sufficiently reliable, if we will accept their simple data, and apply them after Hahnemann's method, instead of searching for some theory of action, on which to base a theory of cure.

It is child's play for a practitioner to appeal to "the imperfect condition of the *Materia Medica*," as his excuse for adhering to or continuing in the

practice of the demoralizing routinism of alternation. It would be far more manly and honest for him to say frankly, that it is a want of knowledge of the remedies which have been verified in practice for more than half a century, and with which other practitioners of no greater attainments in their profession succeed. Whatever the excuse may be, the real reason is to be found in the significance we attach to the technical term *disease*. Whether, with Hahnemann, we mean by *disease* "the aggregate of the symptoms" presented by the patient which are characteristic of his particular affection, or whether with the dominant school we apply to it a definite pathological change of the function and tissues of some organ or organs, will depend the prescription of a single remedy or the alternation of several.

### *The Minimum Dose*

May be defined as the least quantity of the drug required to cure a case. The cure of the case is the object for which the drug is given, and as there is force enough in the drug to eradicate the disease for which it is given, more than enough to cure is not only unnecessary, illogical and superfluous, but may be, and Hahnemann assures us, often is a source of positive mischief to the patient. The curative effect of the drug is all that science demands. Hence it was that Hahnemann in his search for some method of applying the *similimum* without the inevitable aggravation, made his greatest discovery, *potentization*. No matter how many claimants to the honor of the discovery of the law of cure time may bring forth, to Hahnemann alone belongs the honor of the discovery of potentization. The crowning glory of his life-work is the successful application of attenuated remedies to the law of the similars; and the much abused and derided "infinitesimal dose" of the past, whose action we have as yet been unable to explain, (and for that matter we cannot yet explain the action of the crude dose) now bids fair to take a front rank in the scientific discoveries of the century.

To the practitioner, the value of this discovery in his daily labors is priceless. How incomplete would be our armamentarium, especially in the treatment of chronic diseases, without such agents as *Alumina*, *Calcarea*, *Carbo. veg.*, *Graphites*, *Lycopodium*, *Natrum mur.*, *Sepia*, *Silicia*—and we might include almost the entire list of the metals—for whose curative power we are indebted to Hahnemann's discovery of attenuation! It is to this discovery, more than to any other, Hahnemann was indebted for the successful application of the law of cure in the field of clinical medicine, and which many of his professed followers are slow to adopt. To our brethren of the dominant school it has not only been an "unknown quantity," but a stumbling block to investigation; and it may seem strange that if this discovery is all that is claimed for it, why it has not been more generally adopted by the homœopathic school. While it is an undoubted fact that it has been neither universally accepted in theory nor adopted in practice, it is at the same time susceptible of a reasonable explanation. Our school, from its rapid growth, has necessarily been largely made up by accretion. Converts from the dominant and other schools of practice, being first attracted by the comparative success at the bedside, have accepted the law of cure and begun the practice of homœopathy as Hahnemann began it, with crude drugs. Bringing with them not only their prejudices against any innovation in therapeutics, and fortified by the teachings of some of "the disciples" that the dose has "nothing to do with the acceptance of and belief in the law of the similars," but also the erroneous method of selecting the remedy, it has been not only a slow but difficult process to abandon the partial manner of selecting the remedy for Hahnemann's

inductive method. The school in which they had been educated knows no law, no guide. Faith in the authority of teachers, the recommendations of text books, or the traditions of the school, is with them the substitutes for a law of nature ; and they look for no other or better motive for the use of a remedy. The experiments (so-called) which they undertake lack all the vital elements of science, and the absurdities into which these experiments betray them are not calculated to foster a repetition. And yet the entire question of the dose, in all its details, is the result of observation and experience ; and it can be settled in no other way than by actual experiment. Theory, or belief, or logic, or reason has no more to do with it than with the experiments in practical chemistry. Experiment demonstrates that the union of oxygen and hydrogen—the supporter of combustion and the most combustible of known substances—produces water ; and yet by what process of reasoning could we arrive at such a result ? The efficacy of the potentized drug is vouched for by innumerable witnesses who have put it to the test of actual experiment, and the large majority of these witnesses have used the crude drug as well.

After having given both kinds a fair trial in practice, their testimony is certainly worthy of as much weight as those who have tried but one. Wurmb and the Vienna provers were honest in their objections to the efficacy of the potentized drug ; and prejudiced as they were, not only proved *Nat. mur.* in the 30th attenuation, but testified to its superior efficacy in the treatment of the sick. Wurmb, himself, after ten years of experimentation, declared in favor of the superior results obtained by attenuated remedies. His patients recovered in a shorter time, the convalescence was likewise shortened, and the entire results much more perfect and satisfactory. Wurmb's mode of proceeding is the only scientific and safe one for any investigator, viz., to test by actual experiment the question under dispute. It is by this crucial test only that differences may be reconciled and true progress made. It is to this method that we are indebted for the *Materia Medica Pura*, which might still have been an incongruous mass but for the experiments of Hahnemann. After two thousand years of theory and discussion the thinking minds of the medical profession are beginning to unite in the settlement of this mooted question, on the basis of experiment. But every experiment is as yet flanked by prejudice.

Hahnemann says, "It is of little import whether the attenuation goes so far as to appear almost impossible to ordinary physicians, whose minds feed on no other ideas but what are gross and material." Molecular physics informs us that in whatever number of parts we may divide a body each portion still retains a small part of the original substance, and the most inconceivably diminutive portion never ceases to be *something*, and can never be reduced to *nothing*. With our present methods of investigation, the ultimate structure of the atom is beyond the "ken" of the most learned scientist. In theory, by way of illustration, we divide the mass into molecules, and the molecule into atoms ; but the limit of the divisibility of matter is bounded by standards of measurement. An improved lens has recently enabled the microscopist to detect particles of *Aurum met.* in the tenth decimal trituration, where a few years ago he could only see it in the sixth. But this does not in the slightest degree increase the efficacy of the tenth trituration in the field of clinical medicine, nor render it one whit easier to prescribe *Aurum* in a given case of disease. Seeing is, in some instances, supposed to be believing ; yet how many believe in the curative power of *Aurum met.* 30x in disease, who never have been and never may be able to see an atom of the drug in that trituration ? Our senses of sight and hearing are constantly misleading us, and unless aided in their work by artificial means, nature's arcana will long remain a mystery. Under the test of Mitscherlich, *Phosphorus* is visible to the naked

ed eye in a quantity less than the  $\frac{1}{100000}$  of a grain ; " yet this gave a luminosity many times greater than would have sufficed to recognize its presence with absolute certainty." (Wormley, p. 203.) Yet this is only the fifth decimal, and many have seen prompt curative results from the 30th attenuation of *Phosphorus*, although as yet chemistry may not be able to reveal to our vision any luminosity from this attenuation.

By Reinsch's test, the  $\frac{1}{1000000}$  of a grain of metallic *Arsenic* may be recognized by its angular measurements, under a power of 150 diameters. (Wormley, p. 273.) This is the ninth decimal attenuation, and yet the  $\frac{1}{1000}$  of a grain would be invisible to the naked eye.

Under the Copper test, with an eighthth inch objective, a globule of metallic *Mercury* may be distinctly made out, " measuring only the  $\frac{1}{25000}$  of an inch in diameter, and weighing about the  $\frac{1}{8000000000}$  of a grain." (Wormley, p. 341.) Nearly the 10th decimal attenuation.

By the means of spectral analysis, Kirchoff and Bunsen estimate that they distinguished the  $\frac{1}{200000000}$  of a grain of *Sodium*.

Both Marshall Hall and Wormley found that  $\frac{1}{15000}$  of a grain of *Strychnine* would produce the physiological effects of *Strychnine* upon healthy frogs, but it required favorable circumstances, that is, the spring of the year.

In order to obtain the best practical results in the application of the law of similars to the cure of the sick, many of the best thinkers and best practitioners which our school has yet produced, from the time of Hahnemann to the time of Hering, have considered it necessary to administer the remedy in a dose at least as minute and imponderable as the quantity of the original disease-producing cause. Has the finest balance, the most powerful microscopic lens, or the most searching chemical test, ever been able to ascertain the *least quantity* of the morbid agent which produces scarlet fever, rubeola, variola, intermittent fever, typhus, cholera, &c. ? Some years ago M. Chaveau presented the French Academy with the results of his experiments with Vaccine virus, in the *dilutions*, in which he says : " I inoculated the same subject simultaneously, upon the skin by the ordinary methods, in one place with pure vaccine matter of good quality, and in another with several vaccinal dilutions, formed with the same virus, diluted in a quantity of water gradually increasing. Care was taken with each series of inoculations, to make the same number of punctures and always to charge the lancet with the same quantity of liquid. These experiments have been very often repeated, in such a manner as to test the activity of the vaccinal humors, diluted to the greatest number of degrees possible. Thus, I have come in my last series to inoculate the vaccine fluid diluted in 150 times its weight of water. In general, the first dilutions manifested as much activity as the pure vaccine matter. The vaccinations made with matter diluted in from two to fifteen times its weight of water, were, in fact, successful nearly every time. Setting out from the 50th dilution, however, the inoculations failed pretty generally. I have, however, in one case, obtained a pustule upon ten punctures made with vaccine matter diluted in 150 times its weight of water." He, however, accounts for his many failures under the use of the highly diluted virus, by the fact that no " virulent corpuscles " happened to be on the point of the instrument in these cases, but does not for a moment doubt the efficacy of diluted virus to inoculate, because he adds, " in injecting the vaccine virus, diluted to no matter what degree, into the circulatory apparatus, the subject of the experiment is infected, without fail (*a coup sur*). One of the

most beautiful artificial specimens of horse pox which I have obtained, was produced by the intra-venous injection of 8 milligrammes of vaccinal serum, diluted in 400 times its volume of water."

Thus we see, that in the dominant school of practice imponderable quantities of matter are used in vaccination, to check the spread of the small pox virus, in combination with the organism; but they cannot be prevailed upon to put to the test of actual experiment, the same imponderable quantities for the cure of disease. This experiment is only an empirical accident; they cannot be induced to see the underlying law of the lower stratum. To the dominant school *empiricism* is easily comprehended; but a law of nature, an infallible guide in therapeutics, is totally incomprehensible.

Hahnemann says: "Mathematicians will inform them that, in whatever number of parts they may divide a substance, each portion still retains a *small share* of the material; that, consequently, the most diminutive part that can be conceived never ceases to be *something*, and can, in no instance, be reduced to nothing. Physicians may learn from them that there exist immense powers which have no weight, such as light, heat, electricity, magnetism, attraction of gravitation, and which are consequently infinitely lighter than the medicinal contents of the smallest homœopathic doses. Let them weigh, if they can, the injurious words which excite a bilious fever or the afflicting news of the death of a son, which terminates the existence of an affectionate mother." Is it not true that Hahnemann "builted wiser than he knew" when he discovered the process of potentization? And now, after nearly a century of dispute, assertions on the one hand and denials on the other, science, by means of Hip's Chronoscope, bids fair to demonstrate the truth of Hahnemann's posology by Neural Analysis. Prof. Jaeger, of Stuttgart, has been conducting, for a year past, a series of experiments which he calls Neural Analysis. He was a non-believer in the efficacy of the attenuated remedy, hence unbiassed in its favor. He reports his observations as facts, and leaves others to draw their conclusions. He says, "Each individual has a peculiar something about him which distinguishes him from all other individuals; and that this Neural Analysis measures." All his homœopathic experiments were conducted by inhalation of the remedy. He selected *Aconite* as one of the most frequently used of homœopathic remedies, in potencies from the mother tincture to the 200th; *Thuya*, because it had the reputation of having peculiar strength in the higher potencies up to the 1000th; *Natrum mur.*, because the alleged action of the potencies was the most incomprehensible up to the 200th; and *Aurum*, because regarded as insoluble in alcohol up to the 500th.

In all these experiments the most marked results were obtained from the higher attenuations; in *Aurum* from the 500th, *Natrum mur.* from the 2000th, and *Thuya* from the 1000th. "An allopathic physician, Renz, affirmed that he was able to distinguish not only between *Aurum*<sup>500</sup> and *Natrum mur.*<sup>2000</sup> and pure alcohol, but even between the two medicines, the former affecting his lachrymal apparatus, the latter the organ of taste."

The chronoscope promises to do for the nervous system what the microscope and spectroscope do for the eye in the field of science. Thus we progress in scientific knowledge, each year giving us positive knowledge of what we only previously surmised, and clearly demonstrating that we must lay aside our prejudices and by actual experiment try if we can settle the vexed question of the divisibility of matter, or arrive at a definite conclusion as to the action of the attenuated remedy. Every advance in science only serves to make more intelligible the posology of Hahnemann, while it scatters to the winds the speculative theories of the dominant school. While the increased perfection of the instruments we use in our investigations may render a previously supposed atom a molecule, or a molecule a



mass, and change entirely our ideas of the "infinitesimal," it will not render it one whit easier to prescribe *Aconite*, *Aurum*, or *Nat. mur.* We may be able scientifically to demonstrate the power or the action of the attenuated remedial agent, which with an imperfect means has hitherto been undemonstrable, but it only serves to brighten the lance with which Hahnemann pricked the bubble of empiricism.

No man ever criticised reports of the action of attenuated remedies more keenly and ably than Dr. Watzke; but he had both the courage to lay aside his prejudices, and the honesty to subject the attenuations to the test of experience, and died substantially a believer in the efficacy of the attenuated remedies.

So, also, the Vienna provers, putting aside their prejudices, found that the 30th attenuation of *Natrum mur.* had the power to produce and to remove symptoms which the crude substance and the lower attenuations did not exhibit. More than twenty years ago, Hering said, "There will always be a large number of physicians who either do not understand, or will not learn how to select for each particular case the one only proper medicine, and such will always find it more comfortable to employ massive doses. There will always be, perhaps, as large a number on the other hand, who will by and by know how to hit the nail upon the head, and they will learn to prefer the high potencies. Even Hahnemann himself required more than a score of years to learn this. As through war we come to the possession of peace, so in the world of science through conflict and trial we come to the possession of truth."

The only remaining question pertaining to posology is intimately related to the highest development of the science of therapeutics. It is also one to which very little attention has been given by the followers of Hahnemann, viz. :

### *The Repetition of the Remedy.*

Hahnemann's attention was first called to the repetition of the remedy while he was engaged in drug proving, but it was not until many years afterwards that this most astute observer, with his unrivaled powers of observation, saw the necessity of adopting it in practice. On page 199 of the *Organon*, he gives us our best rules of repetition, and they are just as correct and just as reliable in clinical medicine to-day as they were the day they were written. He says, "I have recommended that a single dose of a well-chosen remedy be permitted to complete its operation before a repetition of the same or an administration of another remedy—a doctrine which was the result of certain experience, it being ascertained that too large a dose, even of a well-selected remedy, or what is the same thing, numerous small doses repeated in quick succession, rarely ever effected the greatest possible benefit in the cure of diseases, and particularly of the chronic." So long as improvement continues, *the dose should not be repeated.* This is our best guide in practice, whether the disease be acute or chronic. Moreover, every practitioner knows that the susceptibility of the system becomes lessened by a too frequent repetition of the drug. This is illustrated every day by the habit of using Morphine, Arsenic, Tobacco, by Malaria influence, etc., etc., in which the system becomes accommodated to the changed condition.

In practice, the repetition of the dose, like the truth of the law of cure, or the superiority of the single remedy, must be a question of experience. Those who have never put the law or any of its corollaries to the test of practical experience, must know just as little of one as of the other. Either of them may appear to be opposed to all our preconceived theories of drug action, and yet be true. We may be unable to solve their *modus operandi*

by any process of reasoning, and still each may remain a fact. Should we allow our prejudices to prevent a practical test? On the other hand, those who have verified the law by the crucial test of experience, but have carried their investigations no farther, can have no actual knowledge of the efficacy or the truth of the corollaries, hence their testimony is worthless in a scientific point of view. Such men as Hahnemann, Gross, Bönninghausen, Dunham, whose varied acquirements and venerable experience give weight to their testimony, assure us that the best attainable success is to be had without a too frequent repetition of the drug.

From the well known action of morbid forces in the production of diseased conditions, we may reason that the repetition of the antidote (the *similimum*) may likewise be unnecessary. A single dose of Variola, Scarlatina, Rubeola, Diphtheria, Yellow fever, Pertussis, etc., we believe to be efficient in the production of its kind. Neither do we require to vaccinate our patients every three hours to secure the effect.

Puerperal fever may be conveyed to the patient by a single visit, and so may Typhoid or Intermittent be obtained at "a single sitting." If disease be capable of propagation by a single dose, why may not the remedy for its eradication be exhibited in the same manner? The frequent repetition of our remedies in practice is an inheritance bequeathed us by allopathy, and in many cases retained in deference to the prejudices of our patients. A more thorough knowledge of our *Materia Medica*, and a more extensive experience, may, in the future, enable us to abandon many of the inconsistencies which we have inherited from our allopathic brethren, and follow more closely the strict demands of our law of cure, the "~~science~~ *science* of therapeutics." Meanwhile may not the portrait of Hahnemann, suspended against the walls of our offices, which, whether in light or sombre coloring, looks down upon us with a pathetic plea against a hasty or severe judgment of any fellow practitioner for his interpretation of the law of cure or its mode of application in clinical medicine, until, in the great illumination of the eternities, we may know more of how the elements have mixed and mingled to make those on whom we are tempted to sit in severe judgment, *such as they are*? It bids us remember, in judging of many things, that now we see as "through a glass darkly," and inculcates a lesson of patient waiting until the *then*, when we may perhaps see face to face.—*Transactions of the American Institute of Homœopathy*, 1881.

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COMPLETION OF THE NEW ENGLISH VERSION.  
• OF THE MATERIA MEDICA PURA.\*

The second volume of this work, of which the first we reviewed in our February number, is out. We have now a complete edition in the English language of the *Materia Medica Pura* by Samuel Hahnemann, a work which has marked the commencement of the positive epoch in Medicine.

Begun in 1811 the first edition was completed in 1821, containing the pathogeneses of sixty-four remedial agents including the magnet as a whole and its two poles separately. The second edition was begun in 1822 and completed in 1827, the only medicines added were Ambra, Carbo Animalis and Carbo Vegetabilis. The first volume of the third edition appeared in 1830, the second in 1833, and here the edition stopped. In this edition we find Causticum omitted from the second volume, and transferred to the *Chronic Diseases* which appeared in the same year. "But the chief change which has taken place," says Dr. Hughes, "has been the amalgamation of all the symptoms with those of others into one schema. This was done, Dr. Hering tells us, under pressure from his own disciples, and against his own judgment."

We are sorry to find Causticum omitted from this new English Edition. It should have been inserted as it stood in the second edition of the original. If the third edition had been completed,

\* *Materia Medica Pura* By Samuel Hahnemann. Translated from the latest German Editions by R. E. Dudgeon, M. D. With Annotations by Richard Hughes, L. R. C. P. E. Vols. I & II. Hahnemann Publishing Society. London. 1880-1.

the author would no doubt have omitted many other articles, not less than fourteen in number, which he had transferred to the *Chronic Diseases*, such as Carbo Animalis and Vegetabilis, Digitalis, Dulcamara, Guaiacum, Hepar, &c. But this, in our opinion, would not have justified the omission of these articles from an English Version and Edition of the *Materia Medica Pura*, which aims at presenting the work in all its completeness. On this ground also we would have wished that the accomplished Translator had retained within brackets the portions of prefaces both to the Volumes and to the several articles, which had been omitted or altered in the latest editions.

This might seem a small matter, but in reality it is not so. Whatever helps to give us an insight into the gradual development of the mind of Hahnemann is important in more respects than one. Dr. Hughes' most painstaking researches in this direction has enabled us to form a just estimate of the value of Hahnemann's real discoveries, and to distinguish them from the speculations of the last years of his long life when opposition the most unaccountable and relentless had embittered his feelings, and the success of his system had intoxicated his mind, and both combined had disturbed the balance of his reason, so that he could only move in the groove of his own dogmatism.

Dr. Hughes has shown the vast difference there is between the pathogeneses of the *Materia Medica Pura* and those of the *Chronic Diseases*. The same difference is observable between the prefaces to the articles in the former and in the latter work. In the *Materia Medica Pura* these prefaces abound with fruitful reflections and rational inferences and conclusions from the pathogeneses. In the *Chronic Diseases* the prefaces consist generally of a dry list of the affections that are said to have been cured by the particular drug in question. Hence, in our humble opinion, the superior value of the former in comparison with the latter. And hence it is that we insist upon the preservation of whatever came out of Hahnemann's pen in the earlier editions.

In a future number we intend to consider these prefaces in detail. In the mean time, for the benefit of our Indian readers, we give the following extract from one of them (that of vol. ii, 3rd edit. 1833), illustrative of the way in which the great Master applied his system for the treatment of disease.

Sch—, a washerwoman, somewhere about 40 years old, had been more than three weeks unable to earn her bread, when she consulted me on the 1st September, 1815.

1. On any movement, especially at every step, and worst on making a false step, she has a shoot in the pit of the stomach, that comes, as she avers, every time from the left side.

2. When she lies she feels quite well, then she has no pain anywhere, neither in the side nor in the pit of the stomach.

3. Cannot sleep after three o'clock in the morning.

4. She relishes her food, but when she has eaten a little she feels sick.
5. Then the water collects in her mouth and runs out of it, like the water-brash.
6. She has frequent empty eructations after every meal.
7. Her temper is passionate, disposed to anger.—When the pain is severe she is covered with perspiration.—The catamenia were quite regular a fortnight since.

In other respects her health is good.

Now, as regards symptom 1, *belladonna*, *china*, and *rhus toxicodendron* cause shootings in the pit of the stomach, but none of them *only on movement*, as is the case here. *Pulsatilla* (see Symp. 387) certainly causes shootings in the pit of the stomach on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here at 4 compared with 5 and 6, nor the same state of the disposition.

*Bryonia* alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains *from movement* and especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach) on raising the arm (448), and on making a false step it occasions shooting in other parts (520, 600).

The negative symptom 2 met with here answers especially to *bryonia* (638); few medicines (with the exception, perhaps, of *nux vomica* and *rhus toxicodendron* in their alternating action—neither of which, however, is suitable for the other symptoms) show a complete relief to pains during rest and when lying; *bryonia* does, however, in an especial manner (638, and many other *bryonia*-symptoms).

Symptom 3 is met with in several medicines, and also in *bryonia* (694).

Symptom 4 is certainly, as far as regards "sickness after eating," met with in several other medicines (*ignatia*, *nux vomica*, *mercurius*, *ferrum*, *belladonna*, *pulsatilla*, *cantharis*), but neither so constantly and usually, nor with relish for food, as in *bryonia* (279).

As regards Symptom 5 several medicines certainly cause a flow of saliva like waterbrash, just as well as *bryonia* (282); the others, however, do not produce symptoms similar to the remaining ones. Hence *bryonia* is to be preferred to them in this part of the ailment.

Empty eructation (of wind only) after eating (Symptom 6) is found in few medicines, and none so constantly, so usually, and to such a great degree, as in *bryonia* (253, 259).

To 7.—One of the chief symptoms in diseases (see *Organon of Medicine*, § 213) is the "state of the disposition," and as *bryonia* (772) causes this symptom also in an exactly similar manner—*bryonia* is for all these reasons to be preferred in this case to all other medicines as the homœopathic remedy.

Now, as this woman was very robust, and the force of the disease must consequently have been very considerable to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not impaired, I gave her one of the strongest homœopathic doses, a full drop of the undiluted juice of *bryonia* root,\* to be taken immediately, and bade her come to me again in 48 hours. I told my friend E., who was present, that within that time the woman would assuredly be quite cured, but he, being but half converted to homœopathy, expressed his doubts about it. Two days afterwards he came again to ascertain the result, but the woman did not return then, and, in fact, never came back again. I could only allay the impatience of my friend by telling him her name and that of the village where she lived, about a mile and a half off, and advising him to seek her out and ascertain for himself how she was. This he did, and her answer was: "What was the use of my going back? The very next day I was

quite well, and could again go to my washing, and the day following I was as well as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work ; and for three weeks previously my illness prevented me earning anything."

W—e, a weakly, pale man of 42 years, who was constantly kept by his business at his desk, complained to me on the 27th December, 1815, that he had been already ill five days.

1. The first evening he became, without manifest cause, sick and giddy with much eructation.

2. The following night (about 2 a. m.) sour vomiting.

3. The subsequent nights violent eructation.

4. To-day also sick eructation of fetid and sourish taste.

5. He felt as if the food lay crude and undigested in his stomach.

6. In his head he felt vacant, hollow, and gloomy, and as if sensitive therein.

7. The least noise was disagreeable to him.

8. He is of a mild, soft, patient disposition.

Here I may observe :—

To 1. That several medicines cause vertigo with nausea, as well as *pulsatilla* (3), which produces its vertigo in the evening also (7), a circumstance that has been observed from very few others.

To 2. *Stramonium* and *nux vomica* cause vomiting of sour and sour-smelling mucus, but, as far as is known, not at night. *Valerian* and *cocculus* cause vomiting at night, but not of sour stuff. *Iron* alone causes vomiting at night (61, 62), and can also cause sour vomiting (66), but not the other symptoms which should be attended to here.

*Pulsatilla*, however, causes not only sour vomiting in the evening (349, 354) and nocturnal vomiting in general (355), but also the other symptoms of this case not found among those of *iron*.

To 3. Nocturnal eructation is peculiar to *pulsatilla* (296, 297).

To 4. Fetid, putrid (259) and sour eructation (301, 302) is also peculiar to *pulsatilla*.

To 5. The sensation of indigestibility of the food in the stomach is produced by few medicines, and by none in such a perfect and striking manner as by *pulsatilla* (321, 322, 327).

To 6. Besides *ignatia* (2) which, however, cannot produce the other ailments, the same state is produced by *pulsatilla* (39 compared with 42, 94, 98).

To 7. *Pulsatilla* produces the same state (995), and it also causes oversensitiveness of other organs of the senses, for example, of the sight (1070). And although intolerance of noise is also met with in *nux vomica* and *ignatia*, and *aconite*, yet these medicines are not homœopathic to the other symptoms and still less do they possess symptom 8, the peculiar character of the disposition, which, as stated in the preface to *pulsatilla*, is particularly indicative of this plant.

This patient, therefore, could not be secured by anything in a more easy, certain, and permanent manner than by *pulsatilla*, which was homœopathic to the case. It was accordingly given to him immediately ; but, on account of his weakly and exhausted state, only in a very minute dose, i. e. half a drop of the quadrillionth of a strong drop of *pulsatilla*. This was done in the evening.

The next day he was free from all ailments, his digestion was restored, and a week thereafter, as I was told by him, he remained free from complaint and quite well.

## TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

(Translated from the French of Dr. Jousset in  
L'Art Medical for April.)

*Aconite*, *Bryonia*, and *Sulphate of Quinine* are the three great medicines for acute articular rheumatism. The *Salicylate of soda* is a new comer, and we must take notice of its challenge. *Pulsatilla*, *Viola odorata* and *Colchicum* have only very limited applications.

1. *Aconite* is best suited at the beginning of the disease, when the febrile movement is intense, the pulse is voluminous and strong, the thirst excessive, anxiety and agitation considerable, and when the arthritis is of the large joints, especially of the lower extremities, with swelling and shining redness. I prescribe *Aconite*, 20 drops of mother tincture in 200 grammes of water, one spoonful every 2 hours.

2. *Bryonia* is frequently indicated after *aconite*, when the intensity of the fever has diminished. This medicament is more suitable to the arthritis than to the febrile movement; arthritis of the large and small articulations, with swelling red or pale, aggravation by touch and by the least movement.

*Sulphate of Quinine* is the principal medicine for articular rheumatism with periodicity, when the febrile movement is remittent. In very strong doses, three, four, or five grammes per day, this medicine often cuts short the rheumatism in a few days as a salicylate does; but like it, it is a dangerous medicine, and exposes the patient to sudden death and to cerebral rheumatism. In feeble doses (5 centigrammes of the first trituration to ten centigrammes of the substance) the *Sulphate of Quinine* does not offer any inconvenience, and it is assuredly the best medicine for acute rheumatism. We prescribe one of the doses indicated, in 200 grammes of water, one spoonful every two hours.

4. The *Salicylate of soda*, in doses of several grammes, cuts short rheumatism in a few hours. We have said and we maintain that this is dangerous medication. In weak doses, as indicated before for *sulphate of quinine*, we have had some success, but neither its pathogenesis which is still so incomplete, nor clinical observation will permit us to fix, at present, the indications of this medicament.



5. *Pulsatilla* is indicated by a febrile movement very moderate; by arthritides little intense, and of which the pain diminishes when the patient changes his position in bed; and by a great mobility of the rheumatic affections. The dose is a few drops of the first dilution.

6. *Viola odorata* was often prescribed by J.-P. Tessier in mild cases in nervous patients. The dose is the same as that of *pulsatilla*.

7. *Colchicum* is suitable after *bryonia*, when the swelling has disappeared; the pain is accompanied by a sensation of burning and is augmented by touch. Hartmann recommends *colchicum* in the treatment of rheumatism which comes on in summer, when the pains are aggravated during a thunderstorm. Dose, 3rd and 6th dilutions.

*Complications and metastases.*—Acute articular rheumatism may be complicated with inflammation of serous organs. We shall occupy ourselves with the treatment of two of these complications: one very frequent,—rheumatism of the serous membranes of the heart; the other almost always fatal,—cerebral rheumatism.

A. *Rheumatic Endocarditis.*—The elevation of temperature, the precordial pain, and chiefly the signs furnished by auscultation, enable us to diagnose the invasion of the heart by rheumatism. *Aconite*, *cactus*, *colchicum*, and *arsenicum* are the principal remedies in this complication.

1. *Aconite* is suitable in the beginning of endocarditis. It is indicated by intense febrile movement, hard and frequent pulse, redness of the face, thirst, energetic palpitations, cutting pains or else a sensation of violent thrusts in the epigastrium, respiration short and hurried, tendency to syncope, urine scalding, dark red. Dose: 1st trituration, 20 centigrammes in 200 centigrammes of water, one spoonful every 2 hours.

2. *Cactus* is indicated after *aconite*, when the febrile movement is less violent. Constricting pain as if produced by compression between pincers or in a vice, and symptoms of angina pectoris, precisionize the indications for this medicament. Dose and mode of administration same as of *aconite*.

3. *Colchicum* has been extolled by many homœopathic physicians in the treatment of rheumatic endocarditis. Its pathogenesis is little rich. Still Hartmann has noted:—oppression

with anxiety, tearing pains in the region of the heart during respiration, strong and irregular palpitations, pulse small, hard, irregular and very frequent, urine scanty and muddy. I frequently alternate *colchicum* with *aconite*, and in the same doses.

4. *Arsenicum* is suitable in very grave cases. Its indications are: violent fits of suffocation, syncopal states; pulse feeble, irregular and tremulous; violent palpitation; urine muddy, sometimes sanguinolent or albuminous; extreme anxiety; nocturnal aggravations.

The 6th dilution is to be preferred: two drops in two hundred grammes of water, a spoonful every two hours.

B. *Rheumatic Pericarditis*.—*Aconite*, *cannabis*, *cantharidis*, *apis mellifica*, and *arsenic* are the principal remedies.

1. *Aconite*, quite in the beginning, when the symptoms enumerated above exist.

2. *Canabis* is indicated after *aconite*, when the febrile movement has diminished. This medicament is indicated by a tensile and pressive pain in the middle of the sternum, dyspnoea, a state of syncope, spasm of the diaphragm. Hartmann, who has very much recommended this medicine, prescribes the 1st and 2nd dilutions.

3. & 4. *Cantharidis* and *apis mellifica* are chiefly indicated by the abundance of the effusion. They ought to be given in the 3rd dilution.

5. *Arsenic* is suitable in the same cases as the two preceding; orthopnœa and a tendency to syncope are its indications. The 3rd trituration is the best. I advise alternation with *cantharis*, a spoonful every two or three hours.

Paracentesis of the pericardium is indicated when abundant effusion threatens imminent suffocation.

C. *Cerebral rheumatism* announces itself by a considerable elevation of temperature, coma and delirium. In this complication danger is considerable and death imminent.

*Opium* and *Belladonna* are the two principal medicines. Quite recently baths of 20°C (68°F) have been eulogised as an infallible remedy in the treatment of cerebral rheumatism.

1. Baths of 20°C. They are indicated by a very high temperature. Their first effect is to reduce this temperature and to cause the delirium to disappear. They ought to be renewed directly

the temperature rises to near 40° (102°F). This practice has given a great number of cures ; but it should not be believed that it constitutes an infallible medication, in that case one would be exposed to the most lamentable deception.

2. *Opium* is the principal medicament when the coma is very pronounced, the respiration accelerated and sighing. The voluminous pulse, the contracted pupils, the red and puffy face, and the perspiration still further indicate opium. The 2nd trituration, twenty centigrammes in 200 grammes of water, one spoonful every 2 hours.

3. *Belladonna* is preferable to *Opium* when the delirium predominates, the heat is excessive, one cheek is red and the other pale, the pupils are dilated, the pulse is small and frequent. This medicament ought to be administered exactly as opium.

When the pains are excessive, the wrapping up of the diseased joints with cotton wool covered over with thin gummed silk, gives relief to some patients ; but it is necessary to remember that this very means exasperates others.

*Coffea* and *Chamomilla*, in the 6th dilution, one drop every hour, calms the excess of pain. In very exceptional cases (three or four in six years) I have practised with great advantage the subcutaneous injection of one to two centigrammes of *Morphine*.

Milk, broth, and abundant drinks constitute all the regimen of acute articular rheumatism.

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### Acknowledgment.

*Homœopathic Sar, or Homœopathic Domestic Medicine in Hindee.*

By Khetter Nath Chatterjee, Executive Engineer, Southern Road Division, Indore, Central India, E. J. Lazarus and Company, Benares, 1882.

ষোমিওপ্যাথিক সরল-চিকিৎসা। ঐরাধাকান্ত ঘোষ সঙ্কলিত।

*A Plain Guide to Homœopathic Practice.* By R. K. Ghosh. Sadharan Brahmo Somaj Press, 93, College Street, Calcutta, 1879.

## REVIEW.

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*Supersalinity of the blood: An Accelerator of Senility and a Cause of Cataract.* By J. Compton Burnett, M. D. The Homœopathic Publishing Company, 2, Finsbury Circus, E. C. London, 1882.

This little work, like others from the pen of the author, is a very interesting, useful and charming monograph. Dr. Burnett is an author of recognized position in the New School. With his varied scholarship, ripe experience as a physician, and a happy, vivacious and sparkling style he has rendered eminent service in the cause of homœopathy, and is destined to render more. In the present treatise he has not, it is true, offered any new discovery of his own, but he has drawn the attention of the profession to a discovery which, as he very justly says, "should mark an era in the natural history of lenticular opacities." The discovery is that by Dr. F. Kunde, made in the year 1857, of the formation of transient Cataract by the abstraction of water by excess of salt in the blood.

Kunde made this great discovery in the course of a series of experiments which he was performing with a view to ascertaining the effects of loss of water on the animal economy, which loss he was bringing about by means of salt. One of the most remarkable effects that he observed was the loss of transparency of the crystalline lens. "If you take a frog weighing 30 grammes," says he, "and give it a 0.2—0.4 dose of salt either under the skin or in the rectum, you will, in a short time observe a bulging out of the cornea, and, sooner or later, *an opacity of the lens*, which will begin sometimes anteriorly, and, at other times, posteriorly. This opacity increases in proportion as the animal gets weaker, and attains to such a degree at last that the lens takes on a light ash-gray appearance." And he further observes that "we can succeed by the alternative abstraction and restoring of water, in producing and causing to disappear in the same animal, opacities of the lens and paralysis of nerves."

Kunde's experiments, in which he was aided and controlled by no less persons than Kölliker, Virchow, H. Müller, and Von

Graeffe, were performed on frogs and cats. He did not succeed in producing cataract in coneys. Kunde's experiments were repeated in the following year by a Westphalian student, named Könhorn, under the direction and control of no less an experimental physiologist than Budge, with the same success as regards the opacity of the lens, but with this difference that the cornea instead of being bulged was flattened. In England, in 1860, these experiments were repeated by Dr. Richardson with this difference that instead of using rock salt in substance as did both Kunde and Könhorn, he made use of saline solutions. The result was the same, production of lenticular cataract within fifteen to thirty minutes after injection of the saline solution. The result in the pig was doubtful.

In the hands of Kunde nitrate of sodium gave the same result as the chloride; but the nitrate of potassium produced no effect on the lens. Dr. Richardson used other solutions than that of chloride of sodium, namely, of chloride of ammonium, chloride of potassium, lactate of soda, carbonate of soda, sulphate of soda, chloride of calcium, chloride of barium. The phosphate of soda and the iodide of potassium did not produce any results. Blood serum also gave a negative result.

What is the cause of the cataract thus artificially produced? Kunde and Könhorn regard it as due to mere exsiccation. But Dr. Richardson and Dr. Weir Mitchell of America look upon it as a distinct effect from that exsiccation. Dr. Richardson's explanation does not appear to us to be clear. "The mode by which the cataractous state is produced must be accepted," says he, "as osmotic in character, *i. e.*, as a direct physical effect on the lens through its surrounding and internal fluids, by which the arrangement of the lens fibres or tubes is changed." The exsiccation of the lenticular fibres can only be due to the osmotic process set up by the increased specific gravity of the blood. The osmosis can only effect the quantity of water in the lens, in its tubules and in the inter-tubular spaces. But we fail to see how it can affect the arrangement of the tubules themselves. The arrangement of the molecules of the tubules may be and must be affected, but not that of the tubules. Dr. Burnett is, therefore, right in rejecting the explanation of Drs. Richardson and Mitchell and accepting that of Kunde and Könhorn.

But whatever may be Dr. Richardson's view of the actual physical changes in the lens resulting in its opacity, his theory that "that there is a cataract produced by the accumulation of some saline substance in the blood," that, in fact, "there may be saline cataract as well as diabetic," seems well-grounded on the experiments both of his own and of Kunde and Köhnhorn; and it does not appear to us that Dr. Burnett has good grounds in rejecting it. "My contention," says he, "is not that there exists a saline substance which, by accumulation in the blood, causes cataract; but that eating too much salt, or salt-containing food, acts upon the human lens *as salt*, just the same as the above narrated experiments shew in regard to certain animals. I do not admit the existence of any 'saline substance' but I lay the blame upon the salt itself: its physiological effect is to dry up, and when any portion of the living tissue gets too dry then, if the exsiccation persists, the vital state of the tissues is altered and morbid metamorphoses may ensue."

As cataract has been produced in the inferior animals by the saturation of the blood with other salts than common salt or chloride of sodium, we fail to see the reason which induces Dr. Burnett, in some cases of cataract in man to lay the whole blame upon the latter, unless it be the fact that we are in the habit of taking common salt directly, with or without our food, whereas the other salts or rather only some of them enter the system indirectly as ingredients of our food. But may not there be a salt-disease as there is a sugar-disease? Dr. Richardson's synthesis leads him to suggest that in all probability there may be one, which Dr. Burnett evidently denies, as will be evident from the following sentence: "We see that Dr. Richardson arrives at the possibility of the existence of salt cataract by induction from his experiments on the synthesis of cataract aided by a knowledge of the long known existence of sugar-cataract, but whether he is thinking of a saline cataract from a salt-disease of the body, analogous to the sugar-disease or diabetes, or of a salt-cataract from eating salt does not appear, *but he must, I should suppose, have had the salt eating habit in view, for salt is an inorganic substance, and could hardly be made within the body.*"

Dr. Richardson merely surmises the possibility of the existence of a salt-disease analogous to the sugar-disease, without showing

what the antecedent physiological processes may be to give rise to that possibility, far less what the starting point of those processes may be. And Dr. Burnett, on the strength of the probability, that salt (and we may say saline substances generally) being inorganic could not be produced within the body, denies the possibility altogether. But carbon is an inorganic substance and we know how abundantly it may be produced in disease. Sulphur is an inorganic substance, and a recent case of poisoning by it published by Dr. Cooper shows that under certain circumstances even such a substance may be produced in various parts of the organism. In a similar way the organism or some parts of it may act as manufactories of saline substances. Of course it is not contended that any salt, not within the system and not introduced from without, can be so manufactured, for that would literally be *creation*. But any salt, which forms an ingredient of any of the tissues, and which may be introduced from without, may be accumulated by abnormal elective affinity, and thus the blood may be surcharged with it, and thus it may exert exsiccating or any other influence it may possess as its physical property. Such a salt-disease may be induced by the ingestion of excess of salt, or it may be produced by an abnormal condition otherwise started, just as diabetes may be brought on by excessive indulgence in saccharine food, or by other causes.

But while admitting the theoretical possibility of a salt-disease analogous to sugar-disease, and of a saline cataract arising therefrom, we may and indeed must admit, with Dr. Burnett, the more frequent existence of saline cataract connected with the salt-eating habit of mankind, and in insisting upon this view of the causation of a variety of cataract in man, he has acquitted himself as an original thinker, and deserves the gratitude of the profession. He thus describes the incident by which he was led to surmise the possible connection of salt-eating and a *variety* of cataract:—“Early in the year 1879 I was conversing with a lady on the subject of salt-eating; she had cataract of the right eye, and I had been treating her for it for a good while with no very great benefit, and she was telling me about the clergyman whose strange susceptibility to the influence of salt I have narrated. Observing that her right eye *watered* a good deal, I said ‘Are you fond of salt?’ and learned to my astonishment that she was

extremely partial to it, *being in the habit of putting salt into her drinking water at dinner after the pudding.* As nearly as I remember she took almost a teaspoonful to a tumblerful of water ! I recommended her to discontinue this practice on account of the power of salt to produce cataract in the lower animals ; she followed my advice, and her cataract at once began to improve, and six months later she could see quite well with the eye. She was taking *Dulcamara* 3 a part of this time. The *watering* of the eye was the first symptom to disappear."

Dr. Burnett has now got into the habit of asking his cataractous patients the question Are you fond of salt ? and "the answer," he says, "to this question is very frequently, though not always, in the *affirmative.*" He has given twelve cases in which there was association of cataract with fondness for salt. The ages of the patients ranged from 50 to 80, five being between 50 and 60, four between 60 and 70, and three between 70 and 80, ages in which cataract is generally found, and in which among other pathological changes fatty degeneration is of frequent occurrence. It would have been well, therefore, if Dr. Burnett had observed and noted if in any of these patients this degenerative change had taken place, so as to clear the ground of all doubt of the cataract having been a product of this change. Barring this omission, the observations recorded by Dr. Burnett are of very great value, and afford presumptive evidence, at least, of excessive ingestion of salt being one of the causes of cataract. It is remarkable that in one of the cases the eye-disorganisation *began* with glaucoma. In another case of glaucoma (without cataract) there was excessive fondness for salt, and Dr. Burnett succeeded in restoring useful vision by medicines and by a rigid diet from which salt was *almost* excluded. These cases, as well Kunde's experiments in which intraocular tension was increased, justify Dr. Burnett in charging the excessive use of salt with the power, in certain cases, of causing glaucoma as well as cataract.

Dr. Burnett concludes his little treatise by throwing out the inference that as supersalinity of the blood demonstrably causes a senile change in the lens, it must induce a similar senescent effect upon the other tissues. "In the habitually excessive salt-eater the almost constant presence of a plus of salt in the blood as it courses all over the body must affect the tissues in the *same way.*



It may affect one part of the body more readily than another, *i. e.*, it may have an elective affinity for any given organ or part, but when any given substance is capable of effecting tissue degeneration, that degeneration is the *same in kind* in every part, though it may differ in degree." We think the inference is legitimate. But it is worth inquiring why or how the cornea, which is a transparent organ like the crystalline lens, escapes this degenerative change. Dr. Burnett speaks of the tissues which have undergone an exsiccating effect from excess of salt as being *mineralized*. We question the propriety of the term, as we think the drying up of tissues from excess of salt to be the reverse of *mineralization*. Mummification would be a more appropriate term, inasmuch as the tissues are not deprived of their albuminous substratum, but only of their water, and probably with it of their mineral ingredients.

If the brief analysis we have given of the work has been enough to interest the reader in the etiology and treatment of one of the most frequent diseases of the eye in advanced life, lenticular cataract, we shall think we have done an agreeable duty. There are other points of interest in the work which are touched upon incidentally, but we have already exceeded the limits we had proposed to ourselves. We must therefore, forbear even alluding to them, and content ourselves with referring the reader to the work itself, which he will find an eminently instructive and suggestive one.

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## EDITOR'S NOTES.

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### A CASE OF POISONING BY CASTOR OIL.

In the *Brit. Med. Journ.* for May 27, a case is reported of the death of a child only a month or two old, to whom the mother, thinking that its stomach was out of order, had given "a dose of oil." The child died of a severe fit of convulsion which followed the administration of the oil. The editor remarks this case "serves forcibly to illustrate the necessity for care in the administration of purgatives to children." Does it not also forcibly illustrate the necessity of doing away with domestic physicking altogether, especially when massive doses have to be used?

## NITRITE OF AMYL AND THE CATAMENIAL FLOW.

Dr. A. T. Bacon, we learn from the *Lancet* of May 20, had under his care a patient suffering from angina pectoris, who had been in the habit of inhaling the vapor of nitrite of amyl to allay the spasm of that distressing complaint.

A married sister of the patient, who was suckling an infant, informed Dr. Bacon, that on entering the room, the atmosphere of which was impregnated with the vapor of the nitrite, she began to menstruate, and that on her leaving the room, and being no longer under the influence of the drug, the menstrual flow ceased immediately. This physiological action of the nitrite of amyl is yet unrecognised, and there is no mention of it in any of the standard books on Therapeutics either of the Old or of the New School.

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## DEATH DURING TOOTH EXTRACTION.

A boy of ten, at Chorley in Lancashire, had seven teeth extracted while under the influence of "gas," and he was observed suddenly to change countenance, put his hand in the throat and immediately afterwards died. He died from spasm of the glottis and asphyxia, the cause being the impaction of a tooth in the larynx. The upper bicuspid teeth are most likely to cause this accident, and surgeons would do well to remember to put the forefinger of the left hand behind the backs of the forceps, so that in case the tooth slips out of the grasp after extraction, it may shoot forward out of the mouth, and not go backwards. Another important point to observe is, that each tooth or root is out of the mouth before proceeding with another operation. It is dangerous to allow elderly people to retain loose teeth in their mouths, as they may drop out during sleep and "go the wrong way."—*Lancet*, May 6, 1882.

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## MODE OF ACTION OF THE SALICYLATES IN RHEUMATISM.

In the *Practitioner* for May we have the following explanation of the *modus operandi* of the salicylates in rheumatism given by Dr. Latham:—

Salicylic acid enters into chemical combination with the antecedents of lactic acid and glucose, to whose presence in the circulation the disease is due. The presence of the excess of lactic acid in the blood is due to the inaction of an "inhibitory chemical centre," whose function it is to control the nutrition of the muscular and other tissues. Relapses will occur if the administration of the remedy has been suspended after the symptoms are relieved, but before the inhibi-

tory chemical centre has recovered its tone. Dr. MacLagan regards the rheumatic poison as malarial, i. e., due to minute organisms. The local joint-and heart-affections are the result of the action of these organisms on the fibrous textures of the joint and heart. The salicyl compounds produce their anti-rheumatic effects solely in virtue of their destructive action on these organisms.

But rheumatism is cured by other remedies. Do they all act by destroying these malarial germs? The germ theory, we are afraid, is being pushed too far, and is quite the mania of the day.

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#### THE CARE OF THE EYES.

At the recent Sanitary Convention at Ann Arbor, Mich., Dr. C. J. Lundy, of Detroit, read a paper on "Hygiene in Relation to the Eye," which should have the widest circulation, especially among teachers and school officers. A fruitful source of eye troubles is shown to be the excessive strain upon the muscles and nerves of the eyes due to faulty educational methods, the ill-planned and insufficient lighting of school rooms, poor ink and fine print in school books, and other causes, which education might correct.

In conclusion, Dr. Lundy lays down the following rules for the better care of the eyes :

1. Avoid reading and study by poor light.
2. Light should come from the side, and not from the back or from the front.
3. Do not read or study while suffering great bodily fatigue or during recovery from illness.
4. Do not read while lying down.
5. Do not use the eyes too long at a time for near work, but give them occasional periods of rest.
6. Reading and study should be done systematically.
7. During study avoid the stooping position, or whatever tends to produce congestion of the head and face.
8. Select well-printed books.
9. Correct errors of refraction with proper glasses.
10. Avoid bad hygienic conditions and the use of alcohol and tobacco.
11. Take sufficient exercise in the open air.
12. Let the physical keep pace with the mental culture, for asthenopia is most usually observed in those who are lacking in physical development.—*Scientific American*, May 1882.

## CLINICAL RECORD.

*Cases of Dysmenorrhœa cured by Cocculus.*

BY AN L. M. S.

1. Ammaru, a Hindu female, aged about 20, was placed by her father under my treatment for dysmenorrhœa on the 10th October 1878. She was a thin, tall, fair looking girl of nervous temperament. There was a history of miscarriage at the 4th month. The time of her flow was irregular and always before the proper period, and the flow rather profuse. The pain she complained of was of a cutting nature, and was solely confined to the region of the uterus. She was a confirmed dyspeptic, and the symptoms increased during the menstrual period, when she complained of much flatulent distention of the abdomen and cutting colic. Sometimes she vomited and was troubled with headache. The pain during her menses was most agonizing. I saw her first on the 1st day of her menses, and prescribed *Cocc. ind.* 6 every  $\frac{1}{2}$  hour till she was relieved of the pain. I saw her on the following day, and was glad to learn that she had no pain at all, from which she said she was never free ever since she began to menstruate. The pain, she said, lasted throughout the period every time. I now directed her to take one dose only of the medicine every day till the next period. Her much dreaded time came, and she was extremely glad to find herself not only free from the pain but entirely relieved of her dyspeptic symptoms. She grew rather stout, but had no menses at the next period. I left the patient at this stage, and was informed later on that she was in her family way. A male child was born in due time, who has been called, I hear, by my name, although it is a strange name among those people.

2. H—, a Hindu female, aged 26, applied to me for treatment for dysmenorrhœa, from which she had been suffering ever since she menstruated first, on the 14th September 1880, when she complained of the following symptoms: A very severe cutting bearing-down pain in the uterine region extending to the back, hips and thighs, commencing a little before the appearance of the menses and lasting from 2 hours to a day or more; menses normal in quantity and do not last beyond the third day; often the flow entirely ceases on the third day; discharge blackish and clotty when the pain is severe. They are regular as regards the time of appearance, headache severe with dimness of vision at

times. A ringing in the ears now and then, palpitation of the heart at times ; but it is followed by headache, flatulent distention of the stomach and intestines together with some of the other symptoms of dyspepsia ; two or three days before the appearance of the menses, depression of spirits alternated with excitation, sleeplessness at times but generally the sleep is a good one, though not undisturbed by dreams, no leucorrhœa at any time, extreme nervousness. The pain before the appearance of the menses is slight, but becomes excruciating no sooner it begins to flow. From the above, the case would at the first sight appear to be one of the neuralgic variety, the symptoms of general hyperæsthesia so plentifully present in her case favoring this opinion ; but the other symptoms, such as cessation of the pain almost immediately on the escape of the discharge from the os externum, the blackish and clotty character of the discharge, principally of the first portion of it, and when the pain is most severe, suggesting their temporary retention in the uterus, would, however, lead one to look upon it as one of a mixed type. To my mind it appears to have originally been a case of the congestive variety to which was subsequently added the element of neuralgia. It was evident, from the patient's condition, that she had a hyperæsthesia of the nervous system in general, and it may be concluded, of the uterine nerves in particular. This condition was materially aggravated by the congestion at the period, and gave rise to spasm of the cervix and neuralgia of its nerves, and thus produced pain and retention of the first portion of the discharge. This case was pronounced by some well known members of the profession to be incurable unless surgical measures were had recourse to. From what I have stated, the case would appear to be one of temporary narrowing of the cervical passage under the influence of congestion and spasm, and I failed to see how surgical interference could obviate the condition. My theory of the case stated above led me to hold out hopes to the patient of at least considerable relief, if not of thorough cure. She or rather her husband was only too glad to have recourse to any means however slender to avoid what appeared to them a dangerous operation. I saw the case first on the day when she expected the course to come on, and I gave *Gels.*, half a drop every hour so long she did not have the pain, and left directions to take the medicine in drop-doses every  $\frac{1}{2}$  hour if she had the pain.

On the following day, 15th Sept., she was reported to have had a very slight pain which lasted for about 20 minutes only. I ordered the medicine to be stopped, and asked them to report when the menses were over, when I gave *Act. racem.* 6 to be taken till the next period.

14th Oct. 1880. I was called in haste to see the case, and I found her in extreme agony. As she had some of the characteristic symptoms of *Cocc. ind.* I gave it to her, a drop of the 6th dilution every 15 minutes, and I had the satisfaction to learn that the pain ceased after the 4th dose. I directed the patient to take a drop of the medicine every day till the next period, which, I was glad to hear, was a painless one. I saw her several times since, and had the pleasure to know that she had no return of the disease.

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*A Case of Metrorrhagia with Ague.*

REPORTED BY BABU JADU NATH MOOKERJEE.

S—, a married lady, æt. 30, of a spare make and subject to irregular menses, had an attack of fever on the 31st of December last, and was treated by me with *Aco.* and *Bell.*, under which she got well in two or three days. It was about this time that her menses appeared, and I had to stop all medicine for the time being. On the 7th January she felt chilly, after taking her usual bath in the morning, this culminated in a regular attack of fever in the course of the day. I was called in to see her in the evening, and prescribed *Bell.* again as she complained much of her head. On the following morning finding her still feverish with a confined state of the bowels, I had to order a few doses of *Nux v.* during the day. At night the fever returned and I was sent for at an early hour on the morning of the 9th inst. On enquiry I found that she always suffers from a dry teasing cough before the attack of fever, and besides she being in the habit of sitting too long in the bath, I made up my mind to give her *Rhus tox.* 6 at once, and to my great satisfaction I was told on my next visit, that the fever left her entirely after 2 doses of the medicine, and she has been feeling perfectly well since. The medicine was continued for a couple of days more and then stopped for a day only, when the fever returned again and presented the same symptoms, viz., a dry teasing cough before the attack, with flushed face and head symptoms. On the first day I tried *Rhus* again, but finding no relief by the day following, I had to resort to *Puls.* as she said her menses were not free. This was on the 14th inst.

In the evening I saw her again and found her still complaining of her head and scanty discharge, temp. 101 ; ordered *Bell.* 6, a dose every 2 hours up to 3 doses during the night.

15th Jan., morning: found her in high fever. Temperature 103.; much headache, with constant oozing of blood from the genital passage. On enquiry I learned that after the 3rd dose of the last medicine her menses began to be more free, but the fever increased. No medicine.

At noon, having passed a large quantity of blood, she fainted away, and I was hurriedly sent for, and found her quite prostrate and shivering, temperature 105; ordered a dose of *Acco.* 1 at once. Suspecting something wrong in the uterus I sent for a midwife to examine the parts. After examination the midwife told me that the os was dilated but not sufficient to allow two fingers to pass together, besides she could feel a distinct solid body in the passage, as if of a fœtus 3 or 4 months old. Thus informed I sent for Dr. Sircar, who came, and to avert an abortion gave her *Caulophyllum* 1x to be repeated every hour up to 3 doses. This did not mend matters, on the contrary the discharge continued more or less until evening, when she felt so weak and faint that I was obliged to give her a few doses of *China* 30; this revived her in a short time and she was strong and hearty again by 7½ p. m. when Dr. Sircar came to see her again. Temp. 99.

At night (between 10 and 11) she had another shivering fit, and it was followed by high fever, for which I prescribed *Puls.* 30, which again brought her temperature down to 99.6 in the morning.

16th. Morning. Temperature ranging between 99. to 99.6. Dr. Sircar came to see her again this morning and told me to continue the last prescription, until another accession of fever.

At noon the fever came on as usual with a hard shivering fit, and the temperature rose to 105.4 at 5 30 p. m. when I gave her *Secale* 30, as the labor pains were wanting throughout her illness, and the midwife still stuck to her belief that there was a dead fœtus in the uterus.

*Secale* 30 did no good. The fever continued unabated, and the flooding became alarming. Dr. Sircar was again consulted at 9 p. m. in the evening, and we decided upon giving her *Secale* in material doses, as a *dernier ressort*, and prescribed *Liq. Ergotæ* in 15 drop doses, to be repeated every 2 hours up to 4 doses during the night.

17th Morning, 8 A. M. Has had no return of fever at night, scanty fœtid discharge from the uterus, though no sign of a fœtus coming away in the passage. Temp. 99. Cont. *Ergot* every 4 hours in 10 drop doses.

Evening: no untoward symptoms, she kept an even temp. (99) throughout the day, only it rose a little at 5 p. m. when it was 100, but is again subsiding. Med. to be taken every 6 hours.

18th. Morning. Temperature 98.4. Dr. Sircar suggested Quinine as a preventive and tonic once in the morning, with directions to repeat ergot, should the bleeding recur and the temp. rise above normal.

19th. Had one dose of quinine and one dose of ergot yesterday, and the patient had nothing to complain of except weakness and some slight discharge. Repeat medicine as in the day before.

20th. She is doing nicely. Temperature ranging between 98.2 and 99.4. Continue medicine.

From this day she gradually improved and we left off watching her further.

#### Remarks.

This case presents several points of interest. Guided by the symptom pointed out by Dunham as characteristic of *Rhus*, namely, a teasing cough before and during the chill, the drug was proscribed with very good success in the beginning; but on a recurrence of the paroxym with the very same symptoms it failed to do any good. Misguided by the midwife we prescribed *Caulophyllum*, and, as should have been the case, without effect. Lastly the action of *Secale* in material doses, after failure of the attenuation, was charming. It not only checked the uterine hæmorrhage, but exerted a decided influence upon the fever. Could any other homœopathic medicines, in dilutions, have produced as satisfactory a result? If we believe with Hahnemann that no remedy has its substitute properly so called, we must believe that in this case no other remedy could have acted so well as *secale* did in strong doses. Could the cure have been completed without quinine? It is more than we can say. It certainly did no harm, and it seemed to expedite the recovery.

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#### *A Case of Contused pain in the Right Testis and Spermatie*

*Cord cured by Digitalis.*

BY BABU HURRO NATH ROY, L.M.S.

H. C. Banerjee, aged 40 years, while in the full enjoyment of health, on the 24th Sept. last at 11½ A. M. after break-fast, felt a contused pain in his right testis, accompanied with retention of urine. The pain increased and extended over the abdomen, and involved the right spermatic chord. In half an hour the pain became so excruciating that he began to roll on his bed and scream aloud. At 1 P. M. I went to see him, and found him in intense agony. He asked me for



a dose of medicine at once before giving me any account of his case, as otherwise he was under the apprehension that death would soon close the scene. After taking the history of his case I gave one dose of *Clematis* 30, one drop in water. I watched for 15 minutes—the medicine failed to give him any relief whatever. I next gave *Dig.* 30, half a drop in water. The medicine acted like a charm, the pain disappeared at once, and the patient slept in the course of 5 minutes, and slept for two long hours, after which he got up quite refreshed, and passed a copious quantity of urine.

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*A Case of Cholera.*

BY AKHIL NATH PAL, L.M.S.

Bhagavati, aged 36, a Hindoo widow of strong make, was attacked with cholera on the morning of the 23rd December 1881, and placed herself under an old school practitioner from the commencement of the attack. Astringents such as *kino*, *bismuth*, &c., were administered to stop the purging, *brandy* and *ammonia* to keep up the vitality, and *mustard plasters* on the epigastrium and on both calves to check the vomiting and cramps. Notwithstanding these heroic measures against the disease, the patient did not get better, and it was determined to try what homœopathy could do. I was sent for, and found (it was on the second day of the disease,) the following *status morbi*—very restless, tossing about, features pinched and countenance pale, the eyes sunk in their sockets, and the countenance slightly injected, lips blue, tongue dry, respiration a little laboured, skin cold and clammy, the fingers and toes shriveled, pulse almost imperceptible, stools every 20 minutes or so, rice-water and scanty with mucus, had no urine since the beginning of the disease, thirst not much, burning pain in the stomach.

The patient was kept for about an hour on camphor water; there was no increase or amelioration of the symptoms.

As the above symptoms indicated *Arsenicum*, I prescribed it in the 12th dil. to be taken every hour.

I saw her again after four hours, when only three doses of the medicine had been taken. The skin has become slightly warmer, the pulse a little better, the respiration slower, in a word, reaction had set in, and there was no burning pain in the stomach. But the stools were passed with equal frequency, and the thirst was intense.

All medicines were stopped for two hours, and arrowroot was given for diet.

The thirst still continued, and she began to pass stools more frequently, the color and consistency being the same as before, she also complained of burning of the skin. *Ver.* 6 was prescribed, she had to take two doses only, after which the purging stopped, the thirst was much less, and the burning of the skin disappeared. As she had not yet passed water, she was allowed to take ice, and both the loins were ordered to be fomented. By this simple procedure she passed urine about twelve ounces on the night of the 25th, i. e., about two days after the commencement of the disease. The next morning the patient was found in a good condition, excepting that she was complaining of burning in the piles from which she said, she had been suffering for the last twelve years. *Sulph.* 30, one dose; diet—*gandal* soup and arrowroot. She made a good recovery.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 21. ARNICA (Concluded)

#### General Symptoms (Supplement) :

6. Wants to drink constantly, but knows not what, because everything is offensive to her. A good deal of thirst and drinking during the yawning stage, previous to fever ; afterwards thirst, but little drinking during the hot stage.
9. Putrid, slimy taste. Bitter, rather disgusting taste. Sour taste.
13. Vomiting of bitter, yellow bile.

**Remarks :** With reference to *arn.* we have the following warning in the *Materia Medica Pura* : " We must never employ it in purely inflammatory acute diseases, with general heat, chiefly external, *nor in diarrhœas*. In such cases it will always be found very hurtful, the reason of which is obvious from its peculiar mode of action." Hahnemann's observation of this peculiar mode of action in relation to diarrhœa, is that " Diarrhœa with copious evacuation of fœces seems only to be a *secondarj* action of arnica." Nevertheless the diarrhœaic symptoms, as related by himself, are prominent and characteristic, and we do not see any reason why *arnica* may not be used successfully in diarrhœa with the characteristic peculiarities of the stool and of the general symptoms. With the exception of " bloody, purulent stools " in a child who had *arnica* given to him for bruises from a fall, and which symptom was in all probability not a genuine one, *arnica* has not produced the fully developed symptoms of dysentery, but the preliminary symptoms are unquestioned, and therefore, though very little used, it is likely to be a capital remedy in this disease. As Dr. Hughes has well remarked, " tormina and tenesmus would especially call for it." According to Hering a " most marked indication is the long intervals between the stools, namely from four to six hours, the tenesmus being very severe during stool." The prostration after stool compelling the patient to lie down after each passage, and the occasional involuntary discharge of stool during sleep would, in our opinion, furnish very good indications for *arnica*.

Dr. Hoyne quotes the following case of Dr. Brickley in illustration of the power of *arn.* in some cases of dysentery : " Mrs. H., aged thirty-five. Violent cutting and burning pain in the hypogastrium, of an intermitting character attended with scanty slimy, dark colored, bloody stools, every four or five hours ; tenesmus severe at the time of passing stool. Usual remedies were of no avail. *Arnica 3* cured in twenty-four hours." In *cholera infantum* Dr. H. V. Miller (quoted by Hoyne) gives the following indications : " Languor and drowsiness ; pale face ; sunken features ; head and breast warm ; abdomen and limbs cold ; involuntary stools, with egg-smelling flatus at night ; small quantity of urine passed, staining the napkin a yellow brown.

## 22. ARSENICUM ALBUM.

### Constipation :

1. Obstinate constipation ; for two years.
2. Constipation, with pains in the bowels.
3. Constipation, following D.
4. Knotty, unsatisfactory st.; retarded st.
5. Scybalous sts. of clayey color.

### Diarrhœa :

1. Frequent D., with violent tearing, cutting pains in the intestines.
2. As soon as the damp weather sets in, and fires were necessary, he complained of D. invariably every Sunday, the only day on which he was much in the room.
3. D., every morning and forenoon, loose and slimy, preceded by griping, and followed by straining.
4. After he had been to st. over a hundred times, and was helpless from exhaustion, the D. still continued, with great anxiety and cutting in the intestine.
5. D., copious, involuntary, and painless.
6. Unnoticed discharge of st., supposing it to be flatulence.
7. While fully conscious, she discharges feces and urine involuntarily.
8. Copious, involuntary discharge from bowels at every act of vomiting.
9. While standing, half-liquid matter escaped involuntarily from anus; evacuations very profuse, at first white, then yellowish.
10. Diarrhœaic green stool.
11. Greenish, dark-brown, diarrhœaic st., smelling like a putrid ulcer.—*Hering*.
12. D. of a dark, blood color.
13. Black, acrid, putrid sts.
14. Violent D., three or four evacuations in an hour, with offensive, black discharges.
15. Odorless, bilious evacuations, recurring every 5 or 10 minutes.
16. Yellow, watery, scanty diarrhœaic sts., with subsequent tenesmus as if more st. would come, and intense colic around umbilicus.
17. Yellow, diarrhœaic sts., with tenesmus and burning in rectum and anus.
18. Acrid water in st.
19. Ash-colored st., like dirty water, with some yellow mucus, without pain or tenesmus.
20. Purging of a watery fluid, intermixed with lumps of green mucus.
21. Discharge of a black fluid, burning at the anus like fire, after much uneasiness and pain in abd.
22. Black, mucous D., with persistent vomiting.

29. Frequent, dark-colored offensive sts., with vomiting of a clear, mucous, odorless liquid.
24. Continual D., with violent abdominal pains; she grasped with both hands towards the head, complained of the abd., and drew the legs up high.

#### **Cholera :**

1. Violent, watery D.
2. Frequent, watery D. sets in after the vomiting had ceased.
3. Sts. serous, not frequent.
4. Considerable purging, and extreme coldness of the extremities.
5. Violent purging, with discharge of blood per anum.
6. D. only of blood and water.

#### **Dysentery :**

1. Slimy and green mucous sts.
2. Small sts. with tenesmus, first dark-green fœces, afterwards dark-green mucus, after colic.
3. Normal-looking sts. were covered with a mass which appeared combined of jelly and bile.
4. Watery blood passes with st., and surrounds it.
5. Sts. contain bloody mucus.
6. Very unhealthy, pale evacuations, with constant passing of mucus, and sometimes blood.
7. Expulsion of pieces of mucus, accompanied by tenesmus, with cutting pain in anus.
8. Evacuation, upward and downward, of a large quantity of blood, mixed with bilious matter, with apparent relief.
9. Dysentery-like D.

#### **Aggravation :**

1. Morning; forenoon; afternoon; midnight; after midnight.
2. After eating or drinking; after taking cold food, ice, ice-cream; after taking fruits, acids, after taking rancid food, such as spoiled sausage.
3. From damp weather; after taking cold.

#### **Before St :**

1. Gripping; pinching in abd.
2. Vomiting.
3. Sensation as if abd. would burst.
4. Twisting in the intestines, with pinching and rumbling in abd.
5. Pinching increasing into cutting, deep in the hypogastrium.
6. Torturing sensation as though the abdomen were being constricted.
7. Chilliness, anxiety, fainting.
8. Coldness in back.—*Hering.*

#### **During St :**

1. Burning at the anus like fire.
2. Tenesmus, with cutting or burning in anus.
3. Gripping; abdominal pains.
4. A feeling of constriction in the rectum.
5. Great anxiety and cutting in intestines.

**After St :**

1. Straining, tenesmus, and intense colic around the umbilicus.
2. Burning in anus and rectum, with great weakness and trembling in all the limbs.
3. Disappearance of burning in anus (after hard, knotty st.)
4. Cessation of acute abdominal pains.

**Rectum and Anus :**

1. Painful, spasmodic protrusion of rectum.
2. Discharge of blood from rectum every moment, with vomiting and excessive colic (from black oxide).
3. Tenesmus as in dysentery, constant burning, with pain and pressure in the rectum and anus.
4. Sharp stitching from the rectum as far as the anus and pudendum (during menses).
5. Rough prickling in rectum as if passing sand.
6. Painful swelling of hæmorrhoidal veins.
7. Hæmorrhoids, bleeding and protruding.
8. Blind hæmorrhoids, painful, pain resembling prickings as with a hot needle.
9. Varices of the anus, with pricking pain when walking and sitting, not at st.
10. Hæmorrhoidal tenesmus of the anus, causing a burning like fire, especially in the night; worse when walking, than when sitting or lying down.
11. Burning and itching of the anus.
12. Painful soreness of the anus when touched.
13. Corrosive itching of the perineum causes scratching.

**General Symptoms :**

1. After midnight, a frequent desire to kill himself.
2. Violent delirium, especially at night, with great restlessness.
3. Anxiety and restlessness indescribable; with great anguish he turns and tosses to and fro in his bed.
4. Anguish and despair driving from one place to another for relief.
5. Despairs and weeps, imagines no one can help him, that he must die, he is cold and chilly, afterwards generally weak.
6. Excessive anguish, with oppression of chest, and difficult breathing.
7. Anxiety in the evening after lying down; at 3 o'clock after midnight, after waking, now felt hot, and now as if he would vomit.
8. Deadly fear; constant dread of death, especially when left alone, or on going to bed.
9. Greatest fear and anguish; sees ghosts day and night.
10. Imagines whole house and space under his bed full of thieves.
11. Sees vermins and bugs crawl about his bed.
12. Very fretful; finds fault with every thing; conversation, noise, even the light is disagreeable.
13. Indescribable melancholy.
14. Stupor from which it is difficult to rouse her (after vomiting and diarrhœa). Stupor with staring eyes.

15. Vertigo, with inclination to vomit when lying down ; he has to sit up to be relieved.
16. Face pale, sunken, covered with cold sweat, like that of a cholera patient in the algide stage.
17. Pale, yellow, cachectic look.
18. Face livid ; leaden gray ; bluish gray ; deadly white.
19. Face œdematous.
20. Face horribly distorted by convulsions and pain.
21. Twitching of the facial muscles.
22. Lips livid, bluish ; spotted, black ; dry, covered with herpes ; swollen, cracked.
23. Tongue thickly coated with red edges ; white and dry ; yellowish white ; bluish ; fiery, smooth and dry ; brown.
24. Aphthæ in the whole mouth at first white, then becoming black.
25. Great dryness of the mouth.
26. Frequent spitting ; copious salivation. Bloody saliva.
27. Food tastes as if not salted enough ; or too salty. Bitter, repulsive taste after eating or drinking. Putrid and fœtid taste. Disagreeable metallic taste. Sour taste.
28. Cannot speak, because he cannot approximate the lips.
29. Complete loss of appetite. Aversion to all food ; aversion to butter. (Cannot think of food without being nauseated ?)
30. Thirst, generally, unquenchable, burning, obliging one to drink often, but little at a time. Thirst so violent that he drank eleven jugs of water in half a day. Sometimes the thirst may be altogether wanting. Rarely burning thirst, without special desire to drink. No thirst during the chilliness.
31. Nausea, in the pharynx and stomach ; with anguish ; with imperfect water-brash ; nausea, when sitting, obliging to lie down ; nausea disappears after walking in the open air.
32. Constant inclination to vomit, with rare vomiting, but frequent retching, lessened by brandy.
33. Constant retching, without real vomiting.
34. Violent, incessant vomiting, excited by any substance taken into the stomach ; even water is immediately thrown off.
35. Vomiting brings no relief. Frequent, long-lasting hiccough.
36. Vomiting of ingesta ; of mucus ; of yellow or green bile ; of frothy masses ; of an alternately thin or thick dark brown substance ; of blood.
37. Burning in stomach ; pain in stomach arresting breathing. Inflammation of stomach. Weight in stomach, as of a stone, after a meal.
38. Distension and pain in stomach and abd. Burning pain in abd.
39. Tenesmus and strangury ; scanty urine passing with difficulty ; burning during emission. Retention of urine as if bladder were paralyzed. Suppression of urine. Hæmaturia. Involuntary urination.
40. Restless sleep, disturbed by dreams full of care and danger, of thunder storms, fire, black water, &c. Startings when

about to fall asleep and during sleep. Talks and quarrels during sleep.

41. Emaciation, with clay-colored face and blue margins around eyes, great weakness in all the limbs, want of disposition to do anything.
42. Cramps in the extremities. Convulsions. Dropsy.

**Remarks:** *Ars.* has been used in hæmorrhoids, constipation, diarrhœa, dysentery, and cholera with the most eminent success. No remedy in the materia medica requires, however, to be used with so much caution and discrimination, yet no remedy has been used with so much carelessness and with so little discrimination, as *ars.* No remedy is liable to give rise to such fearful aggravations, or to such unwished for pathogenetic developments, as *ars.* We have seen simple cases of diarrhœa converted into genuine cases of cholera by the injudicious use of *ars.* We have seen the undesirable suppression of stool, vomiting converted into ineffectual retching, and as a consequence the collapse rendered more profound, by the needless repetition of *ars.* These facts show that the selection of *ars.* is not quite so easy, as its rich pathogenesis would lead one to think. The three great peculiarities,—excessive restlessness causing the patient to toss about in bed, the unquenchable thirst causing him to drink often but little at a time, and the burning of the stomach and of the rectum and anus, and may be of the rest of the alimentary canal,—upon which the homœopathic practitioner depends for the selection of *ars.* not only in bowel-complaints, but in almost every disease, are reliable characteristics of the drug, and when found in association will seldom fail to justify the selection. But it must not be forgotten that *ars.* has stupor as well as restlessness, thirst which may compel the drinking of large as well of small quantities of water, or it may have no thirst at all, and the burning may not be an essential condition of nerves (which only is characteristic of *ars.*), but may simply depend upon the presence of acid and acrid fluids in the stomach, &c. Hence the absence of restlessness and of the characteristic thirst would be no contra-indication for the drug, nor the presence of mere burning would be an indication. There is one point in the selection of *ars.*, which has borne excellent fruit in practice, namely, that *ars.* very seldom fails in disorders of the bowels which owe their origin to the use of cold, refrigerating food, such as fruits, ice, ice-cream, &c. It is not a little singular that Hahnemann, to whom we owe such graphic description of arsenical poisoning, should not have thought of it in his enumeration of remedies for cholera. Yet scarcely has any remedy vindicated the reputation of homœopathy in this dreadful disease so much as *ars.* Generally the most deadly cases of cholera resemble acute arsenical poisoning, and indeed, in not a few cases was the latter mistaken for the genuine disease itself. Some years ago a druggist in this city was treated by able physicians for cholera, and it was discovered after his death that the patient had taken *arsenic* to commit suicide. Indeed, poisoning with *ars.* in so many cases simulate the symptoms of cholera that medical jurists have begun to form a class of such cases



by itself. But just as it is not every case of arsenical poisoning which presents symptoms of cholera, so it is not every case of cholera which has symptoms resembling those of arsenic-cholera. Hence the necessity of extreme caution and discrimination in the use of **ars.** in the treatment of cholera. But a hard experience compels us to confess that in spite of the utmost caution and discrimination the selection of the drug may be still wide of the mark, showing how far we are still from comprehending both the disease and the remedy. Cases apparently requiring **ars.** had become worse under its administration and were brought round by **veratrum**, and *vice versâ*. As a general rule we have found that where **camphor** should have been given first we have the worst results from **ars.**, **verat.**, &c. Then again the similarity between **ars.** and **aco.** in some respects is so great as to render the differentiation between the two of extreme difficulty. A faithful narration of cases successfully treated by **ars.** can alone clear up the obscure points. In the generality of cases, however, we have, in addition to the three characteristics mentioned above, adynamia quite out of proportion to the apparent extent of the disease, and the mental symptoms, such as indescribable melancholy, absolute hopelessness and despair, constant dread of death, which will decide in favor of **ars.** The drug has been found useful in dread of cholera. Sometimes, especially in children, the constitution breaks down after an attack of cholera, and chronic diarrhœa or dysentery accompanied with general marasmus takes place. In such cases **ars.** should be thought of.

### 23. ASAFÆTIDA.

#### Constipation :

1. Constipation for two days, then a difficult hard st.
2. Constipation, with almost constant tenesmus and distension of abd.
3. Very solid, hard, dark, or dark brown, nauseously offensive st.

#### Diarrhœa :

1. Watery sts., very offensive ; (discharge profuse and greenish.—*Hering*.)
2. Mushy sts., with much flatulence, without pain, but with feeling of fulness and heaviness in abd.
3. Small, partly hard, partly mushy sts.
4. Profuse, thick, papescent, brown and very offensive st.
5. Fluid sts., with violent pressing down in the rectum.
6. Thick, papescent, light yellow sts.
7. Watery sts., without belly-ache but with profuse discharge of flatulence, which did not remove the great distension of the abd.
8. D. with pains in the bowels.
9. Two sts. without pain, but some rumbling, leaving heaviness and distension in abd. behind.

#### Dysentery :

1. Tenesmus.
2. Constant dysenteric feeling as if a stool would pass.

3. Persistent, but fruitless urging to st.

**Aggravation :**

1. After drinking.
2. In hysterical subjects. In scrofulous children.

**Amelioration :**

1. By pressure (abdominal pains).
2. At night (general condition).

**During St :**

1. Passage of offensive flatus.
2. Violent pressing down in the rectum.
3. Rumbling in abd.
4. Pains in the bowels.

**After St :**

1. Relief of pains in the bowels, but leaving heaviness and distension of abd. behind.

**General Symptoms :**

1. Very irritable, but indifferent to every thing.
2. Fatty, rancid taste in the mouth.
3. A hysterical rising in the throat, as if a large ball ascended from the stomach to the œsophagus or even pharynx, obliging him repeatedly to swallow it.
4. Distension of the stomach and bowels, with a feeling as if the peristaltic motions were reversed, with much spasmodic working in the œsophagus.
5. Perceptible pulsation in the pit of the stomach.
6. Stitches in the abd., disappearing by pressure and rumbling.
7. Rumbling in the bowels.
8. Urine scanty and dark ; acrid and pungent ; brownish yellow, ammoniacal ; smells strongly of the drug.
9. Spasmodic constriction of the chest, preventing respiration, and causing dyspnœa and great restlessness.
10. Increase of sexual inclination in both sexes.
11. Caries of bones.

**Remarks :** *Asafœtida* has scarcely been used in homœopathic practice in the treatment of bowel complaints, though it eminently deserves a trial in diarrhœa with tympanitic distension of the abdomen. The offensive stools, with profuse discharge of offensive flatus, scarcely relieving the tympanites, the globus hystericus with a general reversal of the peristaltic action of the intestines, are symptoms which furnish a pretty precise indication. The existence of hysteria or hysteric hypersensitiveness, of scrofulosis, and of caries would furnish additional demands for its use.

*(To be Continued.)*

## Gleanings from Contemporary Literature.

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### REMARKS ON POSOLOGY.

#### WITH CASES FROM THE WRITER'S OWN PRACTICE.

BY EDWARD CRANCH, M. D.

In the selection of cases for this paper, I have rejected all in which the action of the drugs exhibited was in the slightest degree doubtful or equivocal, also all cases in which I was foolish enough to *alternate* remedies, or *change* them without good and sufficient grounds. Consequently the experience here presented is such as I rely upon myself, and a fair exhibit of the manner in which I strive to treat all cases. The chairman has requested the observance of a certain order in the consideration of the question upon which he wishes us to report, so I will arrange my remarks accordingly. Briefly, I select a remedy after some leading or *characteristic* symptom has suggested it to me, providing always that I find some good *confirmatory* symptoms in the case, and no serious contra-indications. Of course, the better I know the *Materia Medica*, the more surely I can select a remedy. 21.

Having determined upon the remedy, I select a high attenuation, generally the *two hundredth*, and I have rarely had occasion to change to any other attenuation, nor do I find it necessary to regard age, sex, or condition in life of the patient, or the acute or chronic character of the disease, in selecting the degree of attenuation. On the other hand, my own personal experience has seemed to show me that some *remedies* may act best in lower, or higher degree than the two hundredth. It seems to me that *Æsculus hipp.*, *Apocynum can.*, *Cumphora*, *Caulophyllum*, *Gelseminum*, *Hydrastis*, *Veratrum viride*, have acted better for me in the lower attenuations, not higher than the twelfth centesimal; *all other* remedies that I have used, (and the list is a large one) I am *fully satisfied* to use in the thirtieth or two hundredth attenuation, or higher when I choose.

In chronic cases, I repeat once or twice daily, till improvement is *sure*, then I stop medication and await developments. I generally find it necessary to continue, at least once a day, for one, two, or three weeks, very rarely any longer.

In severe cases of acute disease I give the remedy as often as every hour or even every thirty or twenty minutes, till the symptoms change, calling for some other remedial agent, or terminating in convalescence. In the very earliest of my practice I used the old school methods in which I had been instructed, but on embracing homœopathy I began with high attenuations, and although I have frequently experimented in low dilutions, I have seen that higher attenuations do better, chiefly because they do not expose the patient to any dangerous aggravations, and because they do their work more speedily than the low dilutions, and, moreover, have a

wider range of usefulness, developing properties that lie dormant in the cruder drugs.

Now, to show something of my method of practice, I offer the following cases, from my own experience.

*Case 1.*

Typhoid fever. Caused by the removal of a privy closet from one location to another, just after the family had moved into the house. Girl, age 12, previous good health. Complained May 1st of headache, aching in limbs and ankles, some nausea; pulse 120, very fretful and cross, crying; copious nosebleed, bowels loose. *Rhus tox.* 200 in water, every hour till May 3rd, p. m. Temperature 101.5°, stools very changeable, no thirst. *Puls.* 200. May 4, 10 a. m., pulse 130, temperature 102.5°, diarrhoea yellow, soft, every two hours. *Rhus* 200 in water, every hour. May 5, 6 a. m., pulse 132, temperature 102.5°, pain and heat in bowels, diarrhoea brown, watery and frequent; very petulant and cross, very thirsty for small draughts of cold water; greatest heat at pit of stomach; screams out, then lies quiet, looks paler and weaker. *Ars.* 200 every hour. May 6, tongue moister; not so thirsty, wants more water at a time, continue *Ars.* 200. May 6, p. m., temperature 103.5°, pain in bowels, some tenesmus, and tenesmus vesicæ; very impatient, diarrhoea watery and frequent, but with periods of rest. Continue *Ars.* 200 every two hours. May 7, stools more consistent, temperature 102° 6 a. m., still tenesmus at stool and water. *Bell.* 200 every two hours. May 8, diarrhoea bad again, temperature 103°. *Rhus* 200, two hours. May 9, better. Continue *Rhus* 200. May 10, still better; only four stools in eighteen hours. May 11th, only one stool in twenty-four hours; wants plenty of water; stool more consistent. *Bry.* 200, every two hours; continued *Bry.* 200, three hours to May 17, when the patient was fairly convalescent, and *Nux vom.* 200 was given, a powder every night, for a week.

*Case 2.*

Typhoid fever, age 10. December 7th to January 1st, remedies given, *Puls.* 200, *Bry.* 200, *Nux* 200; doses every hour; rapid recovery.

*Case 3.*

Typhoid fever; girl, age 18. Cause, impure drinking water; commenced July 17th, hard headache, limbs and bones ache, costive. *Bry.* 200, in water, two hours.

July 18th to 22d, about same, slight nosebleed, headache posterior, no stool, nausea on rising up in bed, sore all over, delirium all the time; temperature 100° to 103°. *Bry.* 200 continued.

July 23d, one natural stool, then two loose ones. *Rhus* 200 every hour; at 8 p. m. one dose *Ars.* 250 helped a nervous condition, with headache, and produced quiet sleep, so that the attendants asked next day if I had not given an opiate. Continued *Rhus* 250 till July 26th; costive again, delirium

better, pulse no longer dicrotic, temperature 101.5°. *Bry.* 200 till August 3d, when the patient could sit up, and got no more medicine.

#### Case 4.

Pneumonia ; boy, age 20, caused by exposure, commenced with a chill, March 18th, first seen March 19th, 7 A. M. Pulse 124, temperature 102°, lower lobe right lung hepatized, bloody expectoration just begun, brown streak down centre of tongue, costive, likes to keep perfectly still, no appetite, violent headache and great thirst and stitches in chest. *Bry.* 200 in water, every hour. March 20 better, continue *Bry.* 200. March 21st, resolution nearly complete, expectoration free, pulse 126, temperature 101°, continue *Bry.* 200. March 22, pulse 120, but patient not so well ; very restless, thirst for little and often, wild delirium, dry tongue, nosebleed, dicrotic pulse. *Ars.* 200 in water every half hour ; *Hyoscyamus* 200 dry, when needed, to quiet illusions, patient fancying he sees things coming at him (no alcoholism, however).

March 23rd, much better ; pulse 88, temperature 99°, quiet and rational ; bowels want to move, but cannot. *Nux* 200 in water, every two hours. Continued March 24, pulse 76, no more medicine—patient at work again April 16th—at hard (milk wagon) April 25th.

#### Case 5.

Pneumonia, child, age 2 years ; *Chelidonium* 200 dry every half hour, first six hours, then *Bell.* 200 every hour, then *Puls.* 250 every hour till convalescence, on fifth day.

#### Case 6.

Neglected pneumonia. Boy ; age 19 ; had pneumonia one year before, under old school treatment ; had been well, but complained of his chest frequently. When I first saw him an allopath had said he was certainly going in quick consumption. The right lower lobe was partly solidified, and partly showing coarse mucous râles ; patient very feeble ; pulse 116, temp. 100°. *Phosphorus* 200 in water every hour, from January 29th to February 1st ; then *Sulph.* 200 three doses, with *Sac. lac.* for one day. February 3d. Expectoration much freer ; appetite a little better ; pulse 100 ; *Puls.* 250 in water, two hours. February 5th. Much better ; pulse, 76. Continued remedy till February 11th, when appetite was good, bowels regular, no râles in chest, but some dullness on percussion ; *Ars.* 200 for a few days, till he returned to work.

#### Case 7.

Diphtheria. Man ; age 45. Complained of sore throat January 24th. Not much pain in throat, but great aching all over ; no spots visible in throat. *B. Rhus.* 200 January 25th. Spots of membrane on left to sill and

arch of palate, high fever, no thirst, but mouth very dry. *R. Lach.* 200 in water, with *glycerine*, a teaspoonful every hour. January 26th. A little better, but more exudation visible; *continue*. January 27th. About same; *Lach.* 16m in water every hour. January 29th. Throat clear, fever gone. January 31st. Patient entirely recovered.

#### Case 8.

Dysentery. Boy, age 10 years; bloody, slimy and scanty stools; great pain, colic and twisting cramps; headache and fever; colic better from pressure. *Coloc.* 200 dry, after each stool; better in one day, well in three days.

#### Case 9.

Erysipelas. Woman; Nov. 22d, head and face hot, red, swollen and smooth; bright eyes; active delirium. *Bell.* 200 in water every two hours, with hot water fomentations. Cured in four days.

#### Case 10.

Erysipelas. Girl; age 18; commenced from a chafe behind ear; same symptoms as case 9, but no delirium. *Bell.* 200 in water every hour, with hot water fomentations. Cured in six days, all but the ear. ~~*Graphites* 200~~ dry, every six hours; dried up the ear in two weeks.

Space will not allow of any more details of acute cases; suffice it to allude to prosopalgia cured by *Spigelia* 200. Enuresis by *Arg. nit.* 45m; by *Agar.* 200; by *Phos.* 30. Eczema by *Rhus vernix* 300; by *Graph.* 200; by *Graph.* dm; by *Lycopod.* 200. Palpitation by *Sulphur* 200; by *Spigelia* 200; by *Sulph.* 30. Simple fever by *Bell.* 250. Bilious fever by *Bell.* 30; by *Bry.* 200. Stranguary by *Canth.* 200; by *Lach.* 200; by *Bell.* 200. Constipation by *Opium* 30; by *Opium* 3m; by *Hydrastis* 12; by *Nux* 200; by *Nux* 3m. Gastric fever by *Lyc.* 200; by *Bry.* 200. Gastric ulcer by *Phos.* 1000; by *Bry.* 200. Lithiasis by *Sepia* 200. Bronchitis by *Tart. emet.* 200; by *Phos.* 200, &c. Brain fever by *Apis*. Spinal meningitis by *Nux v.* 200. Convulsions by *Nux v.* 200. Ophthalmia by *Euphrasia* 200. Somnambulism by *Natr. mur.* 200. Coughs by *Rumex* 200, &c. Colic by *Lyc.* 200; by *Lyc.* cm, &c. Intermittent fever by *Natr. mur.* 200; by *Puls.* 200; by *Nux v.* 200; by *Bry.* 200. Jaundice by *Nit.ac.* 200. Toothache by *Staph.* 200. Traumatic pain by *Hypericum.* 200. Cholera morbus by *Verat. a.* 200, etc. Dysmenorrhoea by *Cauloph.* 3, by *Cham.* 200. Lamé back by *Sil.* 200. Tonsillitis by *Bell.* 200, by *Lach.* 200. Capillary bronchitis by *Lyc.* 200. Neuralgia of stomach by *Nux* 1000. Sick headache, several brilliant cases, by *Kali bi.cm.* Dyspepsia by *Apis* 200. Anasarca by *Apis* 87m. Menorrhagia by *Helonius* 200. Inflammatory rheumatism by *Acon.* 200, by *Rhus.* 200. Stomatitis by *Carbo an.* 30, by *Muriat. ac.* 200. Catarrh by *Kali carb.* 200, by *Thuja* 200, by *Puls.* 200, by *Merc. v.* 3. Sciatica by *Coloc.* 200. Melancholia by *Nux v.* 1000. Peritonitis by *Acon.* 20, by *Ignatia* 200, and other cases, the details of which could be given, but I forbear, and will close with a very few chronic cases.

## Case 11.

Insomnia. Man ; telegraph operator ; age 36. Troubled with sleeplessness whenever overworked ; would lie awake all night, *thinking*. Had no pain whatever, but knew his mind would fail if he were not relieved. Had been over the full allopathic round of opiates, bromides, etc., without relief. Used to have sick headaches, has none now. I diagnosed hyperæmia of brain, gave *Nux* 1000 by day, and *Coff.* 200 or *Hypericum* 200 to take at night when needed. In three weeks he could sleep well without medicine, but his old sick headaches came back ; to be relieved and prevented by *Kali bi. cm.*, given because of a *bright flickering* before eyes, that always preceded the headache.

## Case 12.

Opacity of cornea in an old man 70 years of age, his only remaining eye, caused by a former bruise from a twig. Being blind in the other eye, this one was of peculiar value, and he found himself unable to see to read, and only able to distinguish objects in the street by dusk or when atropine was used to dilate the pupil. *Calc. c.* 94m was given, in two doses only. In three weeks the opacity had disappeared so that he could read easily, and now in six years following the cure he has read without glasses, whereas before his injury he had to use them.

## Case 13.

Prolapsus and anteflexion of uterus ; existing from childhood ; now making her a chronic invalid for the past eight years ; age 31 ; married ; no children ; great dysmenorrhœa ; pelvic cellulitis, frequently causing small abscesses, which discharged *per vaginam* ; general health very poor ; hysterical and nervous. When first seen, was suffering especially from the cellulitis ; *Apis* 200 brought about a full discharge of matter ; *Silicia* 30 and *Silicia* 200 continued at intervals for six months, resulted in a complete cure of the whole condition except the sterility, which was, perhaps, due to the husband. In two years' observation of this case, it has not relapsed. The *Silicia* also removed a numbness of arms and fingers, a dizziness on opening the eyes in morning, an oppression about the diaphragm, etc.

## Case 14.

Woman ; age 25 ; single. Lame back ; across sacral region ; hurts all the time, and every motion makes it worse ; is completely laid up. *Esculus* 3 relieved immediately, and cured in a week.

## Case 15.

Chronic Rhus poisoning. Man ; age 56 ; very stout and fat. Was poisoned when a boy by the *Rhus vernix*. He had no great trouble then, but of late years he has had a very troublesome eczematous eruption on both ankles. The legs are swollen, scaly, and an offensive watery fluid

trickles down the limb, causing violent itching. Cold water relieves, and so does moderate exercise. *Rhus vernix* 300 was given once a week, and in two months the patient's limbs were perfectly healed; no local application whatever was used. Four years later it returned, but was promptly removed by the same remedy.

In conclusion, I ask your forbearance for so long a paper, and I would only add that I think my success in practice has increased exactly in proportion to my increased knowledge of the *Materia Medica*, which can never be too closely studied by any one who desires to be "a busy practitioner."

### OBSERVATIONS ON DOSE.

By W. P. ARMSMRONG, M. D.

1. In selecting a medicine for the cure of any disease or condition, I am now and ever have been guided by our well known law of similars; and not only do I find it the safe and true guide as concerns the cure of disease, but the similar remedy is in nearly all instances also the best palliative.

2. Whether in consequence of its homœopathic relation or not, we find that a massive dose of the homœopathic remedy is likely to produce not only unpleasant, but often dangerous or even fatal results, thus retarding, if not altogether preventing a cure, and for this reason, if for no other, it is my habit to use an attenuated remedy; but a still more potent reason than this, is the fact that we find the attenuations to be possessed of greater curative powers than the crude drug. Yet there are exceptions to this rule, the most notable of which is the use of quinine and the other alkaloids of cinchona in intermittents. In my own practice, as well as in that of many others, when this drug is homœopathically indicated, it has been found by long experience in malarial districts, to act better in the crude form, this being, with the single exception of the matter of pleasantness, in every way more satisfactory, as the paroxysms are interrupted sooner, and are no more likely to return than after being stopped by a highly attenuated remedy. Do not, however, let me be understood as advocating its use in all cases of intermittents, but only in those cases in which it is homœopathically indicated by the totality of the symptoms. This it certainly has been in the majority of cases occurring in my practice.

*Caulophyllum*, a few drops of the mother tincture in water, barely sufficient to give it a slight taste, has many times, in my hands, prevented a miscarriage after the pains had set in. I give a teaspoonful of this mixture every ten minutes to every hour or two, according to the urgency of the case, but if it is too weak, or the patient receives too little of it, it produces no effect, as I have observed on two or three occasions.

*Ustilago*, in the same dose, has done me excellent service in the treatment of menorrhagia, to which it holds the homœopathic relation.

*Aconite*, either in the tincture or first decimal dilution, a few drops in a wine glass full of water, of which a teaspoonful is given every hour, when



homoeopathically indicated, will cut short the most violent cases of acute rheumatism in a very few days at most, while very often one day suffices to moderate the symptoms in a great degree. Such results can also occasionally be obtained by the medium and higher attenuations of the same medicine, but my experience teaches me that they are not to be expected as a rule.

In the first stage of pneumonia and capillary bronchitis, also, the first decimal attenuation has left little to be desired, but when I have given it in the medium and higher attenuations under the same conditions, I have generally had occasion to regret it. Yet in one epidemic of whooping cough cases complicated by pneumonia were of very frequent occurrence, and required and received with the best of effect, the thirtieth attenuation of *Aconite*. The tincture and the first and third dilutions were tried, but seemed to be totally devoid of all curative power. I have never been able to ascertain why the thirtieth should have been required in this epidemic, and the first in other and similar cases.

In view of the fact, then, that each attenuation has its own particular place to fill, varying, of course, with the different medicines, temperaments and conditions, it would be difficult, if not impossible, to say in general terms, what attenuation is most efficient, although to say that one attenuation is more frequently useful than another, might be an easy matter.

3. As to the influence which age and sex should exert over the choice of the attenuation, I would say that in my own hands, the higher attenuations have generally acted better on infants, the aged and the female sex, while the lower attenuations have acted better on persons between these periods of life, and on the male sex. Just how much the more highly sensitive, nervous organizations of infants and females have had to do with it, I do not know, but certain it is that there are many exceptions to the rule.

#### Case 1.

A butcher, aged 48, weighing 240 pounds, and noted for the amount of whiskey he could drink without becoming intoxicated, had at a certain period every year an attack of supra-orbital neuralgia of the right side, lasting for two or three weeks, and continuing day and night, but worse in the forenoon and on rising up; the eye felt as if too large for the orbit; ocular conjunctiva considerably reddened. The present attack had been on for two days, and was producing intense agony, when he came to me and received a few powers of *Spigelia* 200th (Dunham) to be taken every hour. A few hours only sufficed to relieve him, and the pain never returned while I knew him, which was for a period of several years afterwards.

Years ago was formulated the maxim that the lower attenuations should be used in acute affections, and the higher in the chronic, and in a measure, time has verified its correctness; but while true in the main, this also has its exceptions. Of these, the efficiency of *Aconite* 30th, in those cases of whooping cough complicated by pneumonia, already mentioned, was one.

The chief sphere of *Chamomilla* is in the treatment of acute and sub-acute affections, yet in my hands, at least, this remedy acts far better in the 200th, than in any lower attenuation, as it is not only more prompt, but more certain and permanent in its actions.

*Case 2.*

In the summer of 1869, my own child had had colic some portion of almost every day for two or three weeks. The attacks were generally worse in the evening, and would sometimes last for several hours. The chief characteristic was that she must be constantly carried. Every remedy that seemed in the least indicated, had been already given, and among the rest, *Chamomilla*, the mother tincture in water, and the 3d, 6th and 30th attenuations, but without the least apparent effect until at last my wife, having, perhaps, more faith in the high attenuations than I possessed, gave the child in the midst of one of its attacks a dose of the 200th of the last named medicine, in a very few minutes after which, it was entirely relieved. It had only two or three attacks afterwards, and they were as quickly relieved in the same way.

*Case 3.*

J. O., aged 10 months, daughter of a tuberculous mother; for four days has had entero-colitis, and has the appearance of being very sick. Three or four medicines have already been given, one after another, but without relief. There is a good deal of fever with thirst, stools green and frothy, mostly mucus, of unpleasant odor; every way worse in the evening; quite fretful, does not want to be looked at, must be carried. *Chamomilla* 200 a single dose in the afternoon, with another next morning if not better; *Sac. lac.* every two hours, or every stool when more frequent than that. Ordered not to awaken her. She only had one more stool that day, slept well all night, and next day when I visited her, was playing on the floor. She had no more diarrhoea and was soon entirely well.

On several occasions I have removed in forty-eight hours the last vestige of facial erysipelas to which *Apis* was homœopathic, by means of the thirtieth attenuation of that remedy, a dose every hour.

On the other hand, *Digitalis* is much more frequently useful in sub-acute and chronic diseases than in the acute, yet no matter whether in chronic or acute disease, it in most instances acts better when given as low as the first decimal attenuation, or even in the crude form, several drops at a dose. I have also, in many cases, found the second decimal attenuation of *Digitaline* to be equally useful.

A prominent physician has suggested that the lower attenuations should be used when primarily homœopathic, and the higher when secondarily homœopathic. This to me seems also to be true in the main, yet here, too, there are exceptions.

The homœopathic relation of *Coffea* to sleeplessness is certainly primary, yet it acts better when given as high as the thirtieth than when given lower.

*Chamomilla* is certainly primarily homœopathic to the peculiar irritable mood so characteristic of it, yet it also acts better high than low.

The homœopathic relation of *Rhus tox.* to certain skin eruptions is primary, yet sometimes the high attenuations and sometimes the low act best.

4. In the treatment of chronic diseases, I usually repeat the dose from once or twice a day to every three hours, according to the urgency of the case, but always as far from meals as possible. Only exceptionally do I give a single dose and await the result. I have obtained good results in both ways, and have never yet seen that the continuation of a remedy after it had begun to produce an improvement in the symptoms, defeated the object to be attained, as long as proper limits were observed. When however, the health line has been reached, as regards the symptoms for which the remedy has been administered, or the symptoms have so changed that it is no longer homœopathic, it should certainly be discontinued. The continued action of a remedy after it has removed the symptoms which indicated it, tends to reproduce those symptoms.

5. In nearly all cases of acute disease, I repeat the dose every hour to three hours, according to the severity of the case in hand. Pneumonia, diphtheria and scarlatina are not exceptions to this rule. In treating rapidly recurring convulsions, or very severe neuralgic pain, I sometimes give a dose every ten to thirty minutes, until the patient is somewhat relieved, then less frequently. Yet, even in these cases I have sometimes given a single dose, which was followed by a most happy result. Whether my success would have been better had I followed the same method in other cases, instead of frequently repeating the dose, or not, I am of course unable to say positively, but it seems to me highly improbable. In pneumonia, I have always repeated the dose from every hour to every three hours; yet, in more than fifteen years practice, I have never lost a case of simple pneumonia, nor do I think it necessary. Most of these patients have been up in less than a week, and nearly, if not quite all, instead of having some portion of the lung left diseased, have made a complete recovery.

6. Many physicians have begun their practice by the use of the lower attenuations almost exclusively, and have afterwards worked upward to the higher, while perhaps a smaller number have begun with the high attenuations and afterwards abandoned them for the lower. I do not claim to belong to either of these two classes to the exclusion of the other. When I first began my practice, I never used internally a preparation lower than the first decimal, nor higher than the two-hundredth, but made use principally of the medium and lower attenuations. In later years, I have extended my range from an occasional dose of the mother tincture or crude drug, to the ten-thousandth, and have seen no reason to regret the change,

for while results have occasionally been produced by the crude preparations that could not have been obtained by the attenuations, I have seen in a few cases, from the five-thousandth and ten-thousandth, results which were as brilliant and equally undeniable.

For several years prior to 1875, I used the thirtieth attenuation more frequently than any other, for the reason that a large proportion of the cases treated were chronic. At the present time, however, most of my cases being acute, I prescribe most frequently the third and sixth, next to these the first and thirtieth, and next to these the crude drug, or mother tincture in water, and the two hundredth, while it is only in rare instances that the attenuation is selected from among the thousandths.

The medicines adapted to the cure of acute diseases are generally primarily homœopathic, while the homœopathic relation of those which are adapted to the cure of chronic diseases, is as truly secondary; hence, the rule which would limit the use of the lower preparations to the treatment of acute disease, and the higher preparations to the treatment of those affections which are chronic, is equally true with that other proposition, which says that the lower preparations should be used when primarily homœopathic, and the higher when the homœopathic relation is secondary. Yet I know of no law of dose which is of universal application. The two rules already mentioned are in most instances applicable, and might satisfy one who could be content with a routine practice; yet there are exceptions to each, to ignore which would be to deprive ourselves of the power of making some of our most brilliant cures.—*Transactions of the American Institute of Homœopathy*, 1881.

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### THE ETHICS OF MEDICAL CONSULTATIONS.

In our number for March we published under our gleanings a complete Code of Medical Ethics, drawn up by a Committee appointed by the American Institute of Homœopathy. This code was based upon the one which was adopted by the American Medical Association, with modifications. The American Medical Association, it must be remembered, are an orthodox body representing the old School of Medicine. The modifications that had to be made were chiefly in the matter of consultations. The code, as it now stands, is free from all blemish, and may be looked upon as a good and complete guide to the reciprocal duties of physicians and patients to each other, and to the cognate duties that naturally flow therefrom.

If we return to the duties of physicians in regard to consultations, in this number, it is because in this matter the greatest divergence of opinion still prevails, and also because in this country the subject is viewed and acted upon with very great laxity. Besides, considerable difficulties and knotty points now and then present themselves which almost defy solution, but on which nevertheless prompt decision must be come to in emergent cases.

Consultation is the asking or seeking of the opinion or advice of another. In medical practice it is the attending physician who has to ask or seek the opinion or advice of another physician.

The necessity of such consultation may originate with the physician himself or with the patient. It originates with the physician when he meets with difficulties either of diagnosis or of treatment which he wishes to clear up with the intelligence and experience of a brother practitioner. It originates with the patient when he is either dissatisfied with the progress of his case; or when without such dissatisfaction he may wish that his physician should take advice of another either for his superior knowledge and experience, or simply because he may think two heads would be better than one. It is generally the younger practitioners who consult the older ones. The basis of consultation is the greater good to the patient.

Such being the nature and object, the necessity and basis, of consultations, it might be thought that there could not possibly be any difficulty in the matter, that there could not be any difference of opinion, and that there could not be any reluctance to invite or accept a consultation, that, in fact, physicians would all cheerfully seek to fulfil their high and holy and only mission—the restoration of the sick to health—by mutual co-operation. Such, however, is far from the case. And it is this, in fact, which chiefly divides the medical world into sects, and alienates even members of the same school from each other.

The most effective weapon of persecution and repression adopted by the Old School against the New is the refusing to consult with practitioners of the latter. Had it not been for this persistent attitude of hostility of the Old School the progress of the New would have been more rapid, probably by this time it would have permeated and absorbed the whole profession. But as it is, the New School has to contest every inch of ground against tremendous odds. People do not dare to confide it with cases other than those given up by orthodoxy; and it is only when confidence in its powers to heal is begotten, that cases are placed under its charge from the beginning; but even then, unless the cases progress smoothly and satisfactorily, they are very often transferred to practitioners of the other school, which they would not do if they had the benefit of consultation between members of the two schools.

This state of things, however unpleasant, does exist in the profession, and it behoves every right-minded man, professional or lay, to investigate its causes, and to set it right, if possible, once for all. We have said above that the necessity for a consultation may arise with the attending physician, or with the patient. When the necessity arises with the attending physician all goes on smoothly. It is when that necessity arises with the patient that equilibrium in the relation between patient and his attending physician is disturbed. The physician, not having felt the

necessity himself, will naturally think that the patient has unnecessarily and unjustifiably shown want of confidence in him, and will therefore feel mortified, which may lead to a reluctance and a positive refusal to have a consultation. This is an extreme case. Ordinarily the good sense on the part of the patient and his friends will not allow the attending physician to take any offence in the proposal for a consultation. He will be assured, and if he has himself good sense he will understand, that a consultation does not necessarily mean or imply want of confidence in his ability and competency. If he is a young practitioner and if the consulting physician proposed is an experienced and acknowledgedly superior practitioner he should not take any offence whatever. The clearance of a doubt, the corroboration of the treatment already being pursued, the additional assurance of the satisfactory progress of the case, the division of responsibility in difficult and dangerous cases, are what are sought to be attained by a consultation, and no physician would be justified in refusing to have a consultation of that nature.

But there are grounds on which the attending physician may without impropriety decline to consult a particular practitioner named by the patient. These have been well pointed out in the *Code* as being either the known inimical feelings of the consulting physician towards the attending physician personally, or his known general unfairness in consultations. We would add the acknowledged inferiority of the man named as the consulting physician. There is an order of merit in every affair of life, and medicine should not be an exception.

Are there grounds on which a consulting physician may refuse to meet an attending physician in consultation? As the relations are reciprocal, the consulting physician may refuse if he knows that the attending physician is personally inimical to him, or if he is known to be generally unfair to consulting physicians. The attending physician, when unable to resist the solicitations of the patient to have a consultation, and at the same time unwilling to let the case pass from his hand, may have the desired consultation, but he may so act as to show that the advice of the consulting physician has been either useless or positively injurious. This is not a hypothetical case. We have been told by gentlemen in whose veracity we have every confidence that very often after the prescription has been agreed upon it is changed by the attending physician without the knowledge of the consulting physician. In one instance, in a case of the utmost gravity, we were overtaken with feelings for which we have scarcely a name—it was a mingled one of surprise, horror and disgust—to find that quite a different medicine to that selected and agreed upon was being given, the practitioner



maintaining, on the mistake being pointed out, that though the phial had a different label it contained the very medicine which was intended for the patient! In such cases the consulting physician would not be to blame, indeed, would be justified in the interests of the patient himself, if he politely declines the honor of the consultation.

But supposing there is no reason to suspect concealed hostility from the attending physician, can the consulting physician possibly have any other grounds for refusing to meet him? A consultation is sought either for diagnosis or for treatment, or as is generally the case for both. Now supposing the attending physician invites a consultation for diagnosis only, would the consulting physician be justified in refusing the consultation because he is wanted expressly for diagnosis only and not for treatment as well? In such cases it must be admitted that preference is given to the treatment pursued by the attending physician as being superior to that which is generally followed by the consulting physician. But it must also be admitted that preference is given and higher value set to his superior skill in diagnosis. With the full knowledge of these circumstances, what ought the consulting physician to do? The *Code* enjoins that "no difference in views on subjects of medical principles or practice should be allowed to influence a physician against consenting to a consultation with a fellow-practitioner." \* \* No tests of orthodoxy in medical practice should be applied to limit the freedom of consultations." True. But there must be a limit to the difference or divergence of views on principles of treatment beyond which there cannot possibly be any good in consultation. The consulting physician must be allowed to regulate his behaviour in the class of cases under supposition by the estimation in which he holds the system of treatment adopted by the attending physician. If he thinks it to be positively injurious and therefore dangerous to patients, or if he thinks it to be useless and therefore dangerous in serious cases, he must be absolved from all blame if he declines the desired consultation. A man should not be made a party to what he conscientiously believes to be not only wrong in the abstract, but fraught with actual and positive harm. In his sincere opinion the more correct the diagnosis, the greater might be the mischief from a system which he believes to be at best useless. And he ought not to be placed in the position of a "mere riddle-solver," as Sir William Jenner complained.

But where it is a matter of indifference about the system of treatment, and not a matter of rigid conscience as we have supposed, we do not think the consulting physician would be right in refusing his aid in clearing up the diagnosis. In a large number of instances the refusal comes not from conscience,

but from the inferior instincts. Physicians, who do not scruple to appropriate unacknowledged the therapeutic treasures of homœopathy, for instance, should not scruple to meet homœopaths, or rather as we should prefer to call them, practitioners whom conscience has compelled to avow their faith in homœopathy, when their aid to clear up doubts as to diagnosis is sincerely solicited.

If physicians will but bear in mind that they have not the monopoly of medical wisdom, and if they will be charitable enough to believe that all, who do not agree with them, are not necessarily knaves or fools, then they will feel little difficulty in extending the right hand of fellowship to those of their brethren of whose honesty and intelligence they had ample proof when they were in the ranks of orthodoxy, but whom stubborn facts have convinced of the truth and utility of a system which they were taught to ridicule and denounce. The very fact of the conversion of these men ought to induce orthodox physicians to look into the despised system, which can be best done by watching cases under their converted brethren. What better opportunity can they have for this than in consultations?

We would conclude by pointing out one very serious laxity in the matter of consultations when they do take place; namely, that deliberation is allowed to take place in the presence of the relatives and friends of the patient, and not unoften in the presence of the patient himself. This is not as it should be. When the deliberation takes place in private, the attending physician would disclose many circumstances in reference to the case which he might not otherwise do, and the consulting physician would be more at ease to give out his opinion. The patient and those who are interested in him should know only the result of the consultation, and should not be too curious to know as to how it has been brought about. A knowledge of the deliberative process is never useful, and in many cases may be injurious to the patient.

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## ON THE POISONOUS EFFECTS OF QUININE.

BY BABU RAKHAL DAS GHOSH, L. M. S.

THE drug, of which the toxicological effects I propose to bring before the readers of this Journal, is a very familiar one; and there is scarcely a physician in the world, who has not to use it almost every day of his professional life, and who has not, therefore, ample opportunity of studying its effects on the human constitution. But the number of true observers is very limited, especially in India, where the experimental study of drugs is almost unknown. We seldom think of our duty to add to the stock of original knowledge. We forget that it would be a great boon to suffering humanity, if each and every member of our profession were to contribute his share of experience for the improvement of medical science.

A few months ago, a case of peculiar interest, came under observation, in which I studied the poisonous effects of quinine. The particulars of the case are as follow :

Ananta, a Hindu female, æt. 35, by occupation maid servant, was put under my treatment for simple remittent fever on the 1st of November 1881. Her previous history showed nothing particular. She had neither hysteria, syphilis nor rheumatism, and enjoyed good health up to the date of the commencement of her present ailment. When I first saw her I found her suffering from strong fever with severe headache. The temperature ranged from 103·4°F in the evening to 101°F in the morning. She was in this state for three days, when the fever left her entirely one morning with complete subsidence of the headache. Finding this intermission after so many days, I prescribed for her 20 grains of sulphate of quinine (Howard's) in 4 doses to be given to her every hour, as the next paroxysm was expected within 4 or 5 hours.

The patient took 3 doses, i. e., 15 grains of sulphate of quinine and about 30 minutes after the last dose, she began to talk nonsense, with impairment of the power of sight and hearing, and after an hour or so, she became totally insensible, and convulsive movements of the limbs set in. When I saw her again, about two hours after the appearance of these symptoms, I found her quite insensible, lying on her face with both hands clenched; her eye-balls turned upwards, keeping only the white sclerotic visible; pupils dilated, vessels of the sclerotic conjunctiva injected, muscles of mastication spasmodically contracted, so that the lower jaw could scarcely be separated. The muscles of the arms, hands, and lower extremities were in a state of tonic contraction. No reflex irritation could be induced by stimulation of the soles and the palms; and even the eye-lids did not wink by touchning the sclerotic; skin of natural warmth, inspiration hurried, pulse full and frequent.

She was in this state for nearly four hours, when she gradually recovered her senses by the application of cold douche to her head and ice to the nape of the neck.

The above case is interesting as it enables us to study the extreme physiological action of the sulphate of quinine. The symptoms described above, are not of every day occurrence. The peculiarity does not lie as much in the production of the symptoms of poisoning by quinine, as in the dose (15 grains) which produced them. We are all accustomed to prescribe 20 or 30 grains daily, continued for days together without any very unpleasant symptoms being produced. At first it appeared that the patient was in hysteria, but on minute examination, it was easy to see that such was not the case. She had no fit of hysteria in her life, as

I learnt afterwards. The only question remains whether the quinine was adulterated. Howards' sulphate of quinine was dispensed; it is true it was not analysed chemically, but it was given to several patients, without the production of any toxicological effects; and therefore it is certain that there could have been no adulteration at all. \* From my own experience I know that now and then patients come under treatment who can ill bear the effects of quinine. Only two years ago, a gentleman's wife was under my treatment for simple intermittent fever, and she evinced symptoms of fainting and collapse, after taking only 4 grains of sulphate of quinine. Although the symptoms of fainting and syncope subsided after giving her some hot milk to drink, but since then, I never prescribed for her a grain of quinine, and the fever generally yielded in her case, to plain cinchona. Often we meet with cases which have a peculiar idiosyncrasy for a particular drug. Some cannot take a grain of mercury without the gums being affected, and in some a few grains of iodide of potassium are sufficient to produce *iodism*.

On consulting standard works on *Materia Medica* I find Dr. Periera mentions a patient who after taking 53 grains of quinine for acute rheumatism, was seized with violent agitation, followed by furious delirium and death. This case, though interesting, does not bear a close resemblance to my patient Ananta, in its essential symptoms; and the only cases that have appeared to me to do so are those of Dr. W. O. Baldwin. Dr. Baldwin's cases are so very interesting, that I can not do better than quote them here from the *London Medical Record* for June:—

"The first case that led him (Dr. Baldwin) to suspect that quinine was capable of producing poisonous effects, occurred in his own household. A man-servant, coloured, aged 30, had an attack of acute pneumonia of the right lung, on the 25th October 1845, whilst Dr. Baldwin was temporarily absent from home. He was attended by a professional friend, who made copious notes of the case, from which it appears that the pneumonia was at no time violent. The patient commenced taking quinine at 5 o'clock p. m. on the 27th, and continued it until 1.30 p. m. on the 28th, during which time he took 68 grains. One and a half hours after the last dose of quinine, the doctor was called in and saw him at 3 p. m. He had a little while before been seized with a jerking motion of the whole body, which lasted several minutes, and immediately his vision was so imperfect that he could scarcely distinguish any thing. The whole surface was hot; respiration was irregular, from 11 to 20; pulse 100, full. The temporal veins were turgid, and the temporal artery throbbing. He had great restlessness, anxiety, and alarm; his thirst was increased, his tongue more dry; his pupils dilated. He dozed two or

three minutes at a time, then started up, breathing more quickly and audibly. Cough was frequent and dry; the respiratory murmur was heard over the greater extent of the whole lung. The convulsive movements of the body came on every ten or twelve minutes, sometimes apparently of the whole body, at other times confined to the arms. He was not insensible during the convulsions, nor was there foaming at the mouth, but occasionally a staring and vacant look, and rolling up of the eyes. By half past 4 o'clock he was completely blind. His vision began to improve in about twenty-four hours, but it was never fully restored while Dr. Baldwin kept sight of him, which was about twenty years.

"The agency of quinine here, in producing blindness, convulsions, &c., is, Dr. Baldwin says, certainly most manifest. It was commenced at 5 o'clock on the evening of the 27th, and continued until 1.30 o'clock P. M. of the 28th, being 20½ hours from the first dose to the last, during which time 68 grains were introduced into the system, the pernicious influence of which was visible one hour and a half from the last dose. The restlessness, tremors, slow and irregular breathing, dilatation of the pupils, blindness and convulsions, all supervening at the time they did, indicate most pointedly and conclusively the poisonous operation of the quinine.

"The next case that led him to think that quinine was capable of producing poisonous effects, was one in which convulsions, blindness, and death, followed its use, when he supposed his patient to be convalescent. This was an attack of tertian remittent fever, which occurred in July 1846, in a negro girl, aged 6 years, living in a swampy and malarial district of country. The paroxysms came on early in the morning, and declined in the latter part of the succeeding day. He saw her on the fifth day of her disease, and during the earlier part of her third paroxysm of fever. Her bowels had been evacuated, and she had taken moderate doses of quinine during her last remission of fever. On the days of the exacerbation of fever, her pulse rose to 160 and during the remissions fell to 120. Within the first twenty-four hours after seeing her, he gave her 2 grains of quinine, at intervals of two hours, until 10 grains had been given, and repeated the same doses at intervals of four hours until a like quantity had been taken, making 20 grains within forty-eight hours. At his visit on the third day of his attendance he found that the exacerbation of fever had not come on, though she was suffering from extreme restlessness, from what he supposed to be a high state of quininism, but almost free from fever. He therefore determined to withdraw the remedy, and gave directions to that effect. On returning next morning he found, to his great surprise, that

his patient was dead, and the nurse gave the following account of her.

"Soon after Dr. Baldwin left on the previous day, the nurse found her, 'in a free, warm, and general perspiration, which lasted three or four hours'. On discovering this, he concluded she was in a good condition for taking quinine, and gave her 4 grains, and repeated the dose three hours afterwards, making 28 grains in all. A period of something less than 2 days and a half, after he gave her the last dose, her skin became dry, attended by increased restlessness. About 6 o'clock she had a convulsion. After this, she noticed that the pupils of her eyes were dilated, and soon discovered she was totally blind. When asked if she knew her mother and other persons who were placed before her in a bright light, during the intervals of her convulsions, she would roll her eyes about—apparently endeavouring to fix them on some object—and then she would say, 'I can't see them'. The dilatation of the pupils, blindness, restlessness, convulsions, &c., continued until 8 o'clock, when she died."

On *post mortem* examination considerable vascularity was found in portions of the small intestines and stomach, the former containing a yellowish and greenish substance intimately blended with mucus; no worms. The pupils were enormously dilated.

On making an analysis of the symptoms of my case and those of Dr. Baldwin's, it appears that impairment of vision, insensibility, delirium, convulsions, dilatation of the pupils, injection of vessels of the sclerotic, hurried and irregular breathing, full and frequent pulse, &c., were most prominent and were present in all. Although the maximum quantity of quinine introduced into the system, to produce these poisonous symptoms, varied largely in all the cases above mentioned; yet they resembled each other in their main features.

## THE PLACE OF CALENDULA IN ANTISEPTIC SURGERY.

BY BABU BRAJENDRA NATH BANERJEE, L. M. S. (*Allahabad*).

The following cases, taken at random from my case-book, afford good illustrations of the value of calendula as an antiseptic. It is inferior to none that are now in vogue, such as carbolic acid, thymol, and boracic acid, whereas it is superior to all in not producing any constitutional disturbance by prolonged use.

*Case I.*—Miss Papple, æt. 6 years, while exercising in a trapeze, got a severe wound in her left-arm near the elbow-joint. The wound was a V-shaped one, and about 11 inches in length and an inch in depth. Soon after the accident the girl fainted from profuse bleeding. The bleeding was stopped by cold application and an extemporised handkerchief ligature tied tightly above the elbow joint. I saw her about four hours after the accident. The wound was still bleeding slightly, and presented a ghastly appearance. My friend, Babu Abinas Chander Banerjee, L. M. S., put her under chloroform, and I applied 15 horse-hair sutures after thoroughly washing the wound with calendula lotion. After sewing the wound I applied a piece of lint saturated with the same medicated lotion. The wound healed in a week, there was no inflammation or irritation, and above all not a drop of pus.

*Case II.*—Pandit N. D., æt. 54, suffered from gonorrhœa 10 years ago, general health good, but complains of stricture of the urethra. Since the morning of the 15th March 1882 he could not pass urine, and I was called to see him at 10 p. m. On percussion I found the bladder full of urine and the patient complained of feverishness. Temp. 101.F, pulse 108. I gave him *Acon.* 3, one drop in a tablespoonful of water every half hour. He passed urine after taking 4 doses of *Acon.* The next morning he noticed a little swelling and redness in the raphæ of the perineum about a couple of inches from the anal orifice. For a week he applied native medicines over the inflamed part. I saw him again on the 22nd March, and on examination found an abscess in the perineum as big as an apple with erysipelatous swelling of the scrotum, penis, perineum and whole of the lower part of the abdomen.

In this case too my friend, Babu Abinas Chander, assisted me in giving chloroform to the patient. I made an incision about 2½

inches in length along the middle of the perineum, when more than six ounces of intensely foetid pus came out. The wound was dressed with carbolic oil and lint, and large linseed poultice applied over the dressing. *Apis* 3 internally. 23rd. The discharge was as foetid as it was yesterday. Erysipelatous swelling somewhat less, carbolic oil and dressing continued. 24th. Good deal of slough came out from the wound, swelling less, but discharge as foetid as ever, 25th. Having detected pus by fluctuation I made another incision above the symphysis pubis when foetid pus and slough came out. To-day I changed the carbolic to calendula dressing; both the wounds were syringed with calendula lotion, and lint saturated with calendula lotion was also used in plugging the wound. 26th. Erysipelatous swelling much less. The discharge did not smell foetid and was healthy. *Apis* continued. 27th. There was scarcely any erysipelatous swelling, discharge healthy. *Apis* discontinued. *Silicea* 200 was given. The wounds were dressed with calendula. 31st. The wounds began to granulate, pus much less, swelling not at all noticeable. From this time forward the wound began to heal rapidly. The wounds healed in a fortnight.

*Case III.*—Patient, *Æt.* 75, widow, belongs to a respectable family, got a carbuncle over the left shoulder-blade. The swelling was about 24 inches in circumference. There was good deal of redness, pain, burning sensation and tension. The examination of the urine revealed a large quantity of sugar in it.

I proposed to make two or three perforations with the aid of *Potassa fusa*, but the patient herself requested me to operate it at once. I made crucial incisions into the carbuncle which bled profusely, but relief was obtained immediately. The bleeding was mostly venous—from the dilated veins of the swelling. The discharge was foetid, rather putrid and ichorous; calendula lotion stopped the bleeding very rapidly. *Ars.* internally and calendula dressing cured the patient completely in three weeks.

*Case IV.*—Lala J. P., *æt.* 40, thin and asthmatic, on the 6th of January 1881, first noticed a kind of dull pain in his left hip-joint, while apparently enjoying good health. The pain began to increase gradually in intensity, so that on the 9th day, it became impossible for him either to stand erect or walk without the help of a stick. On the 10th day he began to get slight fever towards the evening, and lost appetite. On the 15th day he



became completely bedridden, and for the first time noticed a little swelling and some tenderness over the left inguinal region, two inches above the Poupart's ligament. Prior to this he had an impression that he had been suffering from rheumatism of the hip-joint, and accordingly all along applied native medicines externally.

I saw him on the 1st Feb. 1880, the 26th day of his pain. Having diagnosed the swelling to be an iliac abscess, I advised the patient to have it operated at once. The next day I made an incision about  $2\frac{1}{2}$  inches long, when a large quantity of highly fetid pus came out. After washing the cavity thoroughly with calendula lotion, I introduced a drainage tube (India rubber) and covered the wound by a large piece of lint moistened with a lotion consisting of calendula and glycerine, and covered the whole by a piece of oiled silk. As the patient had dysentery I gave him Merc. sol. 30 thrice daily for three days, and then silicea 200, one dose every other day. On the 3rd day of the operation, the discharge decreased in quantity and became healthy looking. It took one month and five days to heal completely.

I can instance scores of cases from my practice, in which calendula did signal service, both in correcting the discharge and hastening the cure, when other reputed antiseptics had failed to do any good whatever.

I claim the following for calendula :—

1. It is unirritating and cooling.
  2. It has no disagreeable odour.
  3. It does not soil the linen, &c.
  4. Its action is speedier than that of any other antiseptics.
  5. For surgical purposes it does not require any special method of preparation.
  6. Unlike carbolic acid it has no action upon the skin.
  7. If absorbed by the skin or surface of the wound it does not produce any constitutional disturbance.
  8. It can be used for any length of time and in any delicate part of the body, without producing any untoward symptoms.
  9. It is a good hæmostatic but not astringent; the strength of my watery lotion is 1 in 60 and that of glycerine lotion 1 in 8. As a hæmostatic it is mixed with 7 times its quantity of water.
- The only thing that can be said against it is its high price. It is many times dearer than carbolic acid and other antiseptics.

## TREATMENT OF HÆMORRHOIDAL DISEASES.

*(Translated from the French of Dr. Jousset in L'Art**Medical for June).*

I. *Treatment of hæmorrhoids during the attack.*—If the inflammation, pain and hæmorrhage of the anus, which constitute an attack of hæmorrhoids, be in moderate proportions, it would be necessary to be on the expectant, because the anal inflammation and hæmorrhage serve as crises to other hæmorrhoidal sufferings. When, on the contrary, these various symptoms acquire great violence, they will become the source of particular indications.

1. *Hæmorrhoidal pains.*—*Nux vomica*, *Arsenicum*, *capsicum annuum* and *Sedum Acre* are the principal medicines.

(a). *Nux vomica* is a capital medicine in the treatment of hæmorrhoids. It is indicated in cutting and lancinating pains with a sensation of constriction and tenesmus. Obstinate constipation and aggravation of the pains in the morning confirm the employment of *Nux vomica* which ought to be prescribed in such cases, in the 12th dilution, four doses in 24 hours.

(b). *Arsenicum* is indicated by burning pains, pains as of points of fire penetrating into the tumors; the aggravation is nocturnal. Diarrhœa is no contra-indication for *Arsenicum*. The dose ought perhaps to be stronger than that of *Nux vomica*; the 6th dil. is very suitable, as also the 3rd, if there is diarrhœa.

(c). *Capsicum Annuum* is a traditional medicine in homœopathy; the academicians have discovered it fifty years after Hahnemann. This medicine is suitable for burning pains, but its characteristic is the anal and the vesical tenesmus with small diarrhœaic stools.

(d). *Sedum acre*. This medicament, which forms the basis of a secret remedy very much in vogue in Vienna at the end of the last century. This medicine, of which the indications are still entirely empirical, is perfectly suitable for hæmorrhoidal pains which simulate those of *fissure of the anus*: pain of constriction, which becomes aggravated for some hours after stool. I have cured veritable fissures with this medicament. I prescribe at first the 6th dilution, and descend gradually to the mother tincture if necessary.

(e). *Æsculus hippocastanum* or Indian chestnut is a popular remedy in France for hæmorrhoids. It has given to Richard

Hughes success in a case presenting pains of fissure of the anus. This medicine is suitable for hæmorrhoids associated with constipation, when there is much pain and little or no discharge of blood.

(f). *Aloe* has the reputation of developing hæmorrhoids. For it, as for *nux vomica* and *capsicum*, tenesmus is the characteristic symptom. *Aloe* is also a medicine for dysentery, and it is in cases where the stools are scanty and sanguinolent that it will be indicated.

(g). *Collinsonia*, indicated by tenesmus and constipation, is suitable particularly in females in the family way.

2. *Phlegmonous inflammation of hæmorrhoidal tumors*.—This accident, very painful, may terminate in suppuration, gangrene and alteration of hæmorrhoidal tumors. The strangulation of the tumors is also one of the possible accidents of their inflammation.

(a). *Aconitum* is suitable at the beginning if the febrile movement is pronounced. We may give it in doses of twenty drops of the mother tincture in the day.

(b). *Mercurius solubilis* and *belladonna*, should be alternated, in the 3rd dilution, one spoonful every two or three hours during the acute stage of the phlegmon. Baths, cataplasms, applications of pomade of belladonna ought not to be neglected when the inflammation is violent and very painful.

(c). *Chammomilla* is indicated when the tumor is ulcerated and painful. This medicament ought to be administered in the 3rd dilution. The external application of decoction of chamomilla ought to be had recourse to concurrently.

The strangulation of the hæmorrhoidal tumor demands its reduction, when this reduction is possible, and when once reduced the tumor remains in its position. This reduction is practised with the fingers smeared with some greasy substance. It is advantageous to keep the tumor above the sphincter for some minutes, and after that to keep the patient perfectly quiet in bed for some hours in order to maintain the reduction.

3. *Hæmorrhoidal hæmorrhages*. This is the gravest accident that the hæmorrhoids can produce. The hæmorrhage, by its abundance and repetition, can rapidly bring on an anæmic cachexia, and may even terminate in death.

*Belladonna*, *Sabina*, *millefolium*, *phosphorus*, *thlaspi*, *ipæcacuanha*, *muratic* and *phosphoric acids*, are the principal medicines in hæmorrhoidal hæmorrhages, but all of them have been eclipsed by the American remedy *hamamelis virginica*.

(a). *Hamamelis*. This medicament is indicated in profuse hæmorrhages; it has always succeeded with me, and whenever I have failed I have found that there was some error of the pharmacist, and that the medicine was not given. Since I have stuck to this medicine I have never had recourse to the perchloride of iron, nor to cauterization. The dose I employ is the 3rd centesimal dilution, 2 drops in 200 grammes of water, four spoonfuls in the day. The effect of this dose has not to be waited for beyond 48 hours. In case of failure I do not hesitate to prescribe the mother tincture. Richard Hughes employs the first decimal dilution. We shall now speak of other remedies for hæmorrhoidal hæmorrhages :

(b, c). *Belladonna*, and above all, *stramonium* are indicated by abundant discharge of blood with pain as if broken in the sacrum. Hahnemann recommended *belladonna*.

(d). *Phosphorus*, an anti-hæmorrhagic medicament *par excellence*, corresponds to profuse flow of blood during and after stools, and with hæmorrhoidal tumors.

(e, f, g, h). *Millefolium*, *sabina*, *ipæcacuanha*, *thlaspi* have been employed in hæmorrhoidal hæmorrhages by reason of their general anti-hæmorrhagic properties.

(i). *Perchloride of iron* in dose of ten drops in a potion of 125 grammes, injections of quarts of water with 2, 4, and 6 grammes of perchloride of iron, and, finally, *cauterization* with red hot iron, ought to be employed if the medicines indicated above are without effect. But since the introduction of *hamamelis* in therapeutics, I have never had recourse to these means.

II. *Treatment of the hæmorrhoidal disease and visceral affections*.—We know that the hæmorrhoidal disease does not consist solely of the affection of the anus of which we should give a resumé of treatment, but that like gout it produces various visceral affections; congestions, hæmorrhages, phlegmasias, diseases of nerves and neuralgias; megrim, asthma, dyspepsia, hypochondriasis, epistaxis, hemiplegia, hæmatemesis, cerebral hæmorrhages, are very frequently of a hæmorrhoidal nature, and chronic encephalitis.

phalo-mylitis happens scarcely in any other than hæmorrhoidal patients.

The already long practice of homœopathy has taught that the two principal medicaments for visceral hæmorrhoidal affections are *nux vomica* and *sulphur*.

These two medicines ought to be alternated, *nux vomica* in the evening, *sulphur* in the morning for eight days, give rest for four days, then resume and in this way go on for several weeks. The 12th dilution of *nux vomica* and 30th of *sulphur* are the preferable doses.

These two medicaments constitute the treatment of the foundation as it were, and ought not to prevent the prescription of other remedies which are suitable to each particular affection.

III. *Treatment of the cachexia*.—If the patient has arrived, by reason of repeated hæmorrhages, at a state of profound cachexia, *china* and *arsenicum* constitute the two principal medicaments after by appropriate treatment the hæmorrhage has been subdued. *China* ought to be prescribed in the first triturations, three doses in the day, after hæmorrhages. *Arsenicum* in the 3rd trituration ought to be prescribed after *china*, and continued for a long time.

Hæmorrhoidal patients find themselves better by residence in the country, above all on sea-shore.

### Acknowledgment.

বিস্তৃতি। চিকিৎসা-প্রকরণ। শ্রীযুক্ত মহেন্দ্রলাল সরকার, এম. ডি.  
প্রণীত; শ্রীমহেশচন্দ্র ঘোষ কর্তৃক অনুবাদিত। দ্বিতীয় সংস্করণ।  
কলিকাতা, মন ১৮৮১ সাল।

চিকিৎসা-সার-সংগ্রহ। শিশু-চিকিৎসা। শ্রীমহেশচন্দ্র ঘোষ কর্তৃক  
সংগৃহীত। প্রথম খণ্ড। শিশুদিগের জন্ম হইতে দন্তনির্গম-কাল  
পর্যন্ত যাবদীয় রোগের হোমোইওপ্যাথিক-চিকিৎসা। কলিকাতা:  
শকাব্দ ১৮০১।

*Annual Report on the Insane Asylums in Bengal for the year 1881*  
By A. J. Payne, M. D., Surgeon-General for Bengal.

*Report on the Charitable Dispensaries.* Under the Government  
of Bengal for the year 1881. By A. J. Payne, Esq., M. D.  
Surgeon-General for Bengal.

*Report of the Alipore Reformatory School.* For the year 1881.  
By A. S. Lethbridge, Esq., M. D., Inspector-General of Jails,  
Bengal.

## EDITOR'S NOTES.

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NOVEL METHOD OF COMMITTING SUICIDE.

Sarah Newman, aged 38, a patient in the County and City of Cork Hospital for Women and Children, was seen dead on May 26th at 6 A. M., by the night nurse in her bed. The lady superintendent of the hospital was immediately called; she found that both her heart and pulse had ceased to beat, and she observed a piece of stocking in her mouth. She pulled a part of it out, but it was so firmly fixed that the remainder did not come. Afterwards Dr. Cummins had to take out the whole stocking with the greatest difficulty. The only motive by which she was actuated to do this action was the information of her discharge from the hospital as she was sufficiently well, being cured of an attack of endocervicitis. But the strangest part of the action was that she committed suicide without making any noise or disturbance whatever.—*British Medical Journal*, June 3, 1882.

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SALICYLATE TREATMENT OF RHEUMATISM.

Dr. Clouston thus summarizes the benefits from this mode of treatment of rheumatism (*Practitioner*, June):—

(1) The *duration of the acute stage under treatment* is reduced to three or four days, or about half its average duration under alkaline treatment; and this effect being at least as obtainable by treatment at the outset of the disease as later on, the *total duration* is reduced by *early treatment to four or five days*.

(2) The tendency to heart complication is probably less than under any other treatment; but the full value of salicylate in reducing this risk can only be obtained by early treatment, which shortens so greatly the period of susceptibility.

(3) Convalescence is generally rapid and satisfactory, while relapses are rare if adequate precautions are taken.

(4) The best results can only be obtained by early treatment, and rapidly saturating the system with frequent small doses (10 or 12 grains every hour) until marked benefit results and the acute symptoms disappear, after which the salicylate may be gradually discontinued, the patient being meanwhile closely watched, and the medicine at once resumed in full doses if temperature rise or pain return.

## PROLONGED RETENTION OF A DEAD FŒTUS.

Prof. Depaul presented at the Paris Academie de Medicine a specimen of a fœtus which was expelled after a pregnancy that had lasted between ten and eleven months. A young woman, who had already borne a child, ceased menstruating after September 8th, and was delivered on August 14th of a child, which had died at the fifth month, being expelled without the membranes having been ruptured, and exhibiting no signs of putrefaction. It is the first time a pregnancy has occurred in Prof. Depaul's practice which has been prolonged between ten and eleven months, the fœtus not being expelled for from five to six months after its death. The mother, neither during the pregnancy, nor since her delivery, has presented any symptoms of a morbid character whatever. The case, he observed, was only one to be added to many others proving that a fœtus dead in utero may sojourn therein for several months, providing that the membranes remain intact, without any injury to the mother. The macerated fœtus, on this occasion, did not exhale the slightest smell of putrefaction, although it had remained in contact with air and water for twenty-four hours.—*St. Louis Clinical Review*, June 1882.

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## RESECTION OF THE PYLORUS IN ITALY.

THIS operation has just been performed for the first time in Italy by Professor Caselli, of the University of Genoa. The patient was a female, who had been admitted to the hospital with symptoms which pointed to closure of the pyloric orifice of the stomach by a neoplasm presumably of a carcinomatous nature. In the operation itself there was no feature of particular interest, except the severe shock from which the patient suffered almost from the first incision. The time occupied was two hours and a half. To secure the stomach to the duodenum, and to sew up the origin itself, about fifty sutures were employed. The portion excised was elliptical in form, and measured four inches and a half in length by three and three-quarters in breadth. The operation itself, in all its details, was successfully completed; but the patient unfortunately sank from shock a few hours after her removal to the wards. The necropsy confirmed in every respect the correctness of the diagnosis, and showed, moreover, that all the other viscera were perfectly free from cancerous infiltrations. The operation, therefore, was a thoroughly legitimate one. Moreover, from the excellent position in which the stomach and duodenum were found

after death, there is little doubt that, had the patient's vital powers held out, the result would have been a most brilliant one.—*British Medical Journal*, July 1, 1882.

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#### HARVEY'S CLAIM VINDICATED.

Dr. George Johnson in his Harveian Oration for the current year has, it appears, satisfactorily refuted the attempt recently made in Italy to claim for Andrea Cesalpino of Arezzo the merit of having discovered the circulation of the blood prior to Harvey. Dr. Johnson has shown that the word "circulation" used by Cesalpino, on which so much stress is laid by Ceradini, was with reference to the pulmonic and not the systemic circulation, and that the word "capillamento," used by Cesalpino, did not mean the modern capillaries, but the supposed filamentous terminations of arteries and veins into nerves. The following passages cited by Dr. Johnson from Cesalpino's work most conclusively show that he had no idea of a continuous flow of blood from the systemic arteries to the veins on its way back to the heart. "But the vena cava distributes branches throughout the whole body, in order that together with the arteries, they may nourish every part. From the same vena cava some large branches, called emulgent veins, go to the kidney, by which (veins) the superfluous water of the blood is excreted and carried by the ureters to the bladder." "The fountain of blood in the heart being distributed into four vessels, viz., the vena cava, the aorta, the pulmonary vein, and artery, irrigates the whole body like the four rivers proceeding from Paradise."

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#### ON THE USE OF IPECACUANHA DURING LABOR.

Dr. Leonard F. Pitkin, in the June number of the *St. Louis Clinical Review*, has given a very interesting case of prolonged labour from rigid os where *Ipecac* was administered in five grain doses, repeating it twice at intervals of about twenty minutes. He has thus put forth his own experience :

I have used it in several cases since, where the pains were irregular and the os rigid and undilatable, and always with benefit. I do not think it increases the muscular power of the uterus. It seems, however, to have a specific effect on the rigid os uteri, softening and relaxing its fibres, as well as a co-ordinating influence on the irregularly contracting uterine muscles, causing them to act in harmony. *Opium* and *ergot* are the only oxytoxics of value which we have at



our command ; but many serious accidents have followed the injudicious use of the latter, and its effects are often far from what we desire. Hence, the discovery of any remedy which will alleviate the sufferings which the parturient female has to undergo during protracted labor, and hasten its favorable termination, will be heartily welcome.

Dr. H. C. Wood, in his treatise on therapeutics, refers to the experience of Dr. J. H. Carrigen who "claims for it distinct oxytocic powers (New York Med. Journ. 491, 1878)."

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#### EXTRAORDINARY CASE OF FASTING.

The following extraordinary case of fasting and delayed stool and urination is reported in the *British Medical Journal* for June 24, by Dr. D. McNeill, of Holm, Orkney :

In March 1878, I was sent for to visit a young girl, fourteen years of age, named Maggie Sutherland, who had lost her appetite for food, and was becoming thin and weak from want. On her returning from school the week before, I was called to see her. She was greatly frightened by young horses that happened to be racing and prancing past her on the road. On reaching home, she could not take any food, and slept badly all night. The next day she only tasted her breakfast, and continued, till I was sent for, merely tasting her meals. I found the pulse 160 per minute, with severe palpitation. There was no hectic, nor pyrexia of any consequence. The simplest diet was tried, but after a few days she could not be induced by threats or arguments to persevere. Tonics of all kinds were tried in vain. The agents for lowering the heart's action seemed to have no effect. Other medical gentlemen were brought to see her, and they also seriously cautioned the friends against neglect or indulgence. For twenty-one months up till Christmas 1880, she continued eating little or nothing except a little jelly, "sweeties," and sherry ; and all this time she was not confined to bed.

She now became so weak, that her mother was not able to resist her entreaties to be allowed to remain in bed. I went frequently to see her, and daily expected to hear of her death. For nine weeks after she was confined to bed, there was nothing passed by the rectum, and micturition was unknown ; and for six months all the nourishment she received was a little jelly and sherry laid on her teeth every hour or two. She then began to suck barley-sugar and "sweeties," and

once more took a little milk with lime-water, but fell from it against all possible persuasion after a few weeks' trial.

One day last summer, she was advised to be carried out to the fresh air, and got cold; ever since, she has had a short dry cough. I observe an improvement for the last few months. The pulse is now 120, and the anorexia is a very little better. She takes one coarse ship-biscuit in five days, three-fourths of a pound of sweets every week, and half a pint of sherry in twenty-four days. The urination has been for some months half an ounce in twenty-four hours, and the defæcation like two inches of the little finger every nine or ten days. She is able to read and knit a little; and, were it not for the persistent cough and cavernous *râles* in the right lung, there might be some hope of her ultimate recovery, even after more than four years' abstinence from ordinary food.

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## CLINICAL RECORD.

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### *A Case of Spasmodic Dysphagia from Œsophagismus, with Convulsions.*

REPORTED BY BABU JADU NATH MOOKERJEE.

A female widow, æt. 26, of a thin spare make, very nervous and subject to asthmatic bronchitis from the very commencement of her illness.

*Previous History:*—The first attack occurred in Bhâdra of the Bengali year 1285, corresponding to the English era 1878. At first she complained of a dull pain in the chest, most felt while taking deep breath or coughing. Latterly it became so severe, as to make her insensible at times. The pain was felt just behind the sternum at its middle. Having suffered a week or ten days in this state, she began to get fits, preceded by cough and subsequent vomiting. Latterly she became so sensitive that the least attempt to swallow would bring on convulsions. This prevented her from taking any nourishment, either fluid or solid, which reduced her so much in another week that she was brought down here in the state of a living skeleton, and was placed under homœopathic treatment by which she was cured.

The 2nd attack occurred in the latter end of April 1881, after a severe exposure to night air and cold draughts. This brought on inflammation of the submaxillary and parotid glands, which gradually

subsided after hot fomentations with *Datura* leaves, and was at last replaced by her old complaint, viz., painful deglutition and convulsions.

She was brought down here on the 5th day of her present illness, i.e., on the 2nd of May 1881, and placed under my treatment. I gave her *Rhus*, *Bell.*, *Nux* and *Merc. s.* one after the other in succession, without the least benefit, or impression; then the patient's brother placed her under allopathic treatment. Subcutaneous injection of chloral hydrate and the bromides were had recourse to, but they proved equally unsuccessful. Dr. Sircar was called in; he suggested *Sulphur* first, as it is the only medicine which has the peculiar symptom of the patient pointedly noted in its pathogenesis, namely, "in the middle of the œsophagus sensation of spasmodic contraction; the food meets with an obstacle when swallowed." (Allen makes it middle of the pharynx, which is evidently a mistake). Dr. Sircar had cured several cases having this symptom with *Sulph.* He, however, left instructions to try *Cuprum*; should *Sulph.* fail. I accordingly gave *sulph.* 12 first. It did no good. I therefore gave *Cuprum* 6, and to my utter delight I found in my next visit that the patient had no fit since she took the globules, and that she had taken a small quantity of milk though with some difficulty at first.

This medicine was begun on the 6th May, and she continued to take it up to the 12th when she complained of rheumatic pains in the joints, for which I prescribed *Rhus tox.* 6. I now changed *Cup. m.* to *Cup. acet.* as an intercurrent remedy.

14th May. Very dyspeptic with acid eructations after meal, and obstinate constipation. Menses have appeared, the discharge was scanty, wheezing and mucous râles in the chest. Besides, she still complains of some tenderness over the 3rd rib towards the sternal end with pain during swallowing. *Alum* 6 and *Nux* 6 in alternation.

She gradually improved from this date, and was sent home with medicine in a few days.

#### Remarks.

*Sulphur*, which had succeeded in other similar cases, failed in this, probably from the fact that in the other cases the dysphagia was not attended with convulsions and fits as in this case. *Cuprum metallicum* has not the particular symptom of œsophageal dysphagia noted in its pathogenesis, but it stands pre-eminent as a general producer of spasms and convulsions, and was very effective in removing the whole set of spasmodic symptoms. Latterly we used the acetic salt of the metal, from the fact that it had spasmodic dysphagia as one of its symptoms, and it was equally efficacious with the metal.

*A Case of Diarrhœa passing into Cholera.*

REPORTED BY BABU JADU NATH MOOKERJEE.

A married woman, aged 25, had simple diarrhœa, from indigestion on the 18th January 1882. On becoming worse and rather low at night her father, an amateur homœopath, gave her *Arsenic* 6. This medicine was repeated several times during the night. In the morning she was a little better, but her father, not feeling confident to go on further with the treatment, left her in the hands of her relatives to watch, and came to Dr. Sircar to take him to see the case. In the meantime another lay practitioner was brought in by the relatives to treat her. This man, without enquiring whether the patient was doing well or not under the previous medicine, prescribed *Verat.* and *Cup.* in alternation. Dr. Sircar being engaged in his Out-door Charity sent me to see the case at once.

It was on the morning of the 19th that I first saw the patient. I found her very restless, with collapsed features, extremities cold, pulse feeble and thready, constant retching and nausea, slight cramps. I was told that since she took *Verat.* and *Cup.*, she is getting more profuse stools and that her urine has become suppressed. Ordered *Ars.* 6, every 2 hours.

Dr. Sircar came to see her at about eleven and advised me to continue the medicine, at long intervals, and left instructions to try *Aco. Q* if she became worse.

1½ P. M. Went to see her again, found her still very restless, with great anguish marked in her features; she had 3 doses of *Ars.* and 3 stools which were getting scanty and less frequent. After the last dose of *Ars.* she vomited several times an acid fluid. Besides, she complains of burning pain in the vertex and stomach. Ordered *Aco. Q* one dose.

In the evening her condition was somewhat improved, her stools looked better; we therefore stopped all medicine for the night, Dr. Sircar being confident that the symptoms would pass off without any further medication.

20th. Morning: Dr. Sircar and myself saw her again and found her almost all right, excepting that she had some nausea which still persisted, for which we ordered *Ipec.* 6.

21st. I saw her alone this morning; she was nearly well; menses appeared to-day at the usual time; no medicine.

22nd. Has been doing well since last report, only she complains of heart-burn and acid eructations, bowels not moved since yesterday.

From this date the patient gradually recovered without further treatment.

*Remarks.*

This case affords a good illustration of how simple cases of indigestion may be converted into grave cases of cholera by the injudicious and meddlesome administration of medicines which have no applicability to them. Had it not been for the *Verat.* and *Cuprum* which were thoughtlessly administered by the lay practitioner, the case would, in all probability, have required no further medicine than the *Arsenicum* which had nearly brought the patient round. The case shows also the value of *Acon. Q* when considerable irritation is set up in the intestines by ill-chosen drugs. It shows further the necessity of patience on the part of the practitioner. Had *Acon.* been frequently repeated it would have rendered the case hopelessly worse, as we have often seen it doing.

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*A Case of Diarrhœa, and Ulcers on the Tongue.*

BY BABU HURRO NATH ROY, L.M.S.

Seuburn, an up-countryman, tall, pallid, and puffy-looking, aged 25 years, ailing with diarrhœa and ulcers on the tongue, applied to me for treatment on the 23rd Nov. last.

Family history good ; suspects to have been treated with mercury about 4 years ago.

*Present Symptoms* : tongue swollen and tender, and the anterior surface covered with ulcers and lined with pus, breath fœtid, articulation indistinct, cannot protrude his tongue, diarrhœa with great pain during and after stool as though the anus were fissured, constant urging to stool, discharges of a serous nature with great straining, feels constantly chilly, temperature at par, pulse little excited, weak, quite morose, disinclined to work, no appetite, countenance anxious.

*Treatment.* *Acid nitric* 30, one drop in water twice daily. Diet arrowroot.

24th. 6 stools, ulcers better, discharge less ; continue medicine and diet.

25th. 2 semi-fluid stools of yellow color, ulcers better ; continue medicine and diet.

26th. 2 good stools, ulcers healing up, no discharge ; no medicine, continue diet.

27th. 1 good stool, ulcers nearly healed up ; no medicine.

28th. 1 stool, tongue better, diet milk and sago.

29th. 1 stool, ulcers healed up, tongue normal.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 24. ASARUM EUROPÆUM. •

#### Constipation :

1. The usual morning st. delayed for some hours, and then it was scanty, yellow like an egg (slimy), and *came out in a thin string.*
2. St. consisting of small, hard pieces.

#### Diarrhœa :

1. D., the sts. resembling resin, and consisting of viscid (tough) mucus ; ascarides pass in shaggy masses of mucus, for 6 days.
2. One and half hour after st., he has another pressing desire for st. with cutting in the abd. and rectum, before and during st., which is softer than the former.
3. Yellowish brownish D.—*Hering.*
4. Lientery ; watery sts. after a meal.—*Hering.*

#### Dysentery :

1. St. whitish grey and ash-colored, with bloody mucus on the top (first part).
2. Thick, black blood with st.—*Hering.*
3. After st., pressing and straining, and discharge of viscid, bloody mucus.—*Hering.*

#### Before St :

1. Cutting in abd..
2. Sharp stitches in rectum from above downwards.

#### During St :

1. Cutting in abd. and rectum.
2. Prolapsus ani.

#### After St :

1. Pressing and straining.—*Hering.*
2. Prolapsus ani.

#### General Symptoms :

1. When walking in the open air he seems to be floating like a disembodied spirit.
2. Mental condition as if just falling asleep ; a gradual vanishing of the thoughts.
3. Vertigo on rising from a seat or walking about.
4. Incapacity for any work ; his reason is defective.
5. Confusion of head, less when walking, more when sitting.
6. Twitching of the eyelids when holding them still.
7. Continued pressive and tensive pain at the orifice of the meatus auditorius.
8. Sensation as if a membrane were stretched before the meatus auditorius.
9. Over sensitiveness ; scratching of linens or silk is insupportable.—*Hering.*
10. Tongue coated white.

11. Accumulation of much cool saliva in the mouth. The saliva in the mouth was burning hot when discharging it.
12. Frequent, empty eructation. Imperfect eructation reaching only the upper part of the chest.
13. Hiccough.
14. Nausea and loathing, with shuddering. Nausea in the stomach, Nausea in the fauces.
15. Empty retching, water collecting in his mouth. The retching increases in violence in proportion it becomes more violent.
16. During the retching all the symptoms increase, only the stupid feeling in the head decreases.
17. Vomiting with great exertion, and violent pressure on the stomach; the effort to vomit takes away his breath, and almost suffocates him; nevertheless, nothing but a quantity greenish, sourish water is thrown up.
18. Troublesome pressure on the pit of the stomach, which makes him unable to decide whether he is hungry or not, the whole day.
19. Sharp cutting in epigastrium, abating after emission of flatulence.
20. Great lassitude after dinner.
21. Uninterrupted chilliness; goose-skin; hands and face cold. Chilliness, abating neither during exercise in the open air, nor by external warmth. Hot feeling externally, chilliness internally.

**Remarks:** The scanty yellow stool consisting chiefly of mucus and coming out in the shape of a string, is a genuine symptom, having been removed and thus verified at the bed-side. Dr. E. M. Hale has recorded three cases in the *American Journal of Homœopathic Materia Medica* (quoted in the *British Journal of Homœopathy* for April 1868) which we give below:

"A woman, two months after confinement, from which she made a slow recovery, having had profuse and prolonged lochia, followed by tenacious leucorrhœa, applied for a prescription for 'dysentery,' saying that she had stools of mucus with pain in the belly. She took *Mercurius* and *Pulsatilla*, each a few days, but without benefit. I now insisted upon a more definite description of the stool, and was shown one of three or four which had occurred that day. It was a long, yellow, twisted string of inodorous mucus. Three doses of **Asarum** 2 cured the case; she had but three or four such stools after the first dose.

"A woman, four months after confinement, complained of pain in the region of the descending colon, with fecal discharges coated with mucus. *Podophyllum* 2 was given. In three days no fecal discharges occurred, nothing but long, yellow, tenacious strings of mucus (inodorous). Six pellets of **Asarum** 3 after each stool arrested them in two days.

"A second attack occurring, in the same lady, after a cold, three months after, was cured promptly with **Asarum** in the same doses.

"These three cases are quite sufficient to establish the reliability of this symptom as a 'characteristic' of **Asarum**. Was it only a coincidence that they occurred after a severe confinement? or does the intimate relation which **Asarum** holds to the generative organs have anything to do with the condition cured? It is notable that the tenacious yellow leucorrhœa in case 1, disappeared with the intestinal blenorhœa."

**Asarum** has removed the symptom in question in cases in males as well as in females, and where the generative organs were perfectly sound. We should not be deterred from using **asarum** even if the mucous stools do not assume the shape of a string. Shaggy masses of mucus, resinous, viscid, with ascarides in them should call for it; dysentery with bloody mucus on top of whitish grey and ash-coloured stools should call for it. In the cholera season timid over-sensitive persons, who are continually chilly and feel uneasy even from scratches on linen and other similar substances, and who have diarrhœaic stools, are likely to be benefited by it.

## 25. ASCLEPIAS TUBEROSA.

### Constipation :

1. Constipation after diarrhœa.—*Hering*.
2. Insufficient evacuation.

### Diarrhœa :

1. Soft and foetid stool, at 11 A. M. preceded by rumbling in the bowels.
2. 11 A. M., another st., pretty painful accompanied by colic.
3. The stools are of a bistre (dark-brown) color, and slimy, the last one being distinguished from the others chiefly by containing a large quantity of false membranes, looking as if the intestines had been scraped with a knife. It also showed yellow spots as from particles of grease.
4. The stools, when passing, feel like a stream of fire.
5. Liquid st., causing smarting; the pain continues about an hour and a half, whereas the evening before, after st., there was a very sensible feeling of comfort during the same length of time.
5. Yellow st., like tincture of turmeric, with yellow and green flocks.
6. St., like moss, and suspended in water.
7. Sticky green st., of an intolerable smell like rotten eggs.
8. Flatulent colic and stool of an intolerable smell, with a sharp pain in the hypogastrium, as if that part was rotten, with soreness on pressure, and as if it would all come out.
9. Flatulence with pains in abdomen and frequent stools. (Hg.)
10. Violent colic at 7 A. M.; very painful and pretty large st.; sensation and pain as if all the intestines would fall out;



1.30 A. M., another very small and very painful st. ; 2 A. M., another like it and the pains are continually increasing ; so aggravated were the symptoms and so impossible to endure such violent colic, that he took a single dose of *Veratrum album*, three drops of the 8th dil. in two spoonfuls of water. The colic ceased as if by magic.

### **Dysentery :**

1. St., without fecal matter, entirely albuminous (jelly-like), and containing the amount of at least four or five whites of eggs.
2. Dysentery, chiefly catarrhal and autumnal.—*Hering*.

### **Before St :**

1. Urging.
2. Rumbling in the bowels.
3. Colic.

### **During St :**

1. Colic.
2. Feel like stream of fire.
3. Sensation and pain as if the bowels would come out.

### **After St :**

1. Smarting.
2. Colic continues long after evacuation.

### **Rectum and Anus :**

1. Blind hæmorrhoids.
2. Smarting.
3. Tenesmus.—*Hering*.

### **General Symptoms :**

1. Dull aching headache in forehead and vertex, aggravated by motion and relieved by lying down.
2. Yellow complexion of the face.
3. Hippocratic face after a violent diarrhœa on 15th day.
4. Yellow teeth, the enamel being covered with yellow tartar.
5. Tongue coated with yellow mucus.
6. Bleeding of gums.
7. Fœtid breath.
8. Putrid taste in the mouth. Taste of blood in the mouth.
9. Prolonged and repeated eructations.
10. Burning borborygmi, though with slight pain.
11. Flatulence, which smells intolerably of the medicine.
12. Red urine, mingled, as it were, with blood.
13. Languor and disinclination for work.
14. Rheumatic pains in the extremities.
15. Drowsiness. Uneasy sleep during first part of night with frightful dreams. Extraordinary dreams of political affairs. Dreams of horses, churches, of duels, about supernatural things.

**Remarks :** Both in diarrhœa and dysentery, when violent colic precedes, accompanies, and follows long, the stool, and where there is a sensation and pain as if the intestines would fall out, *asclep*.

ought to be of use. The characters of the stools are very striking, and will render the selection easy. We have the testimony of Dr. E. M. Hale that "*catarrhal dysentery*, with rheumatic pains all over, yields to this medicine." He usually uses the mother tincture or 1x, 20 drops in half a glass of water, a spoonful as often as seems necessary.

## 26. ASTERIAS RUBENS.

### Constipation :

1. Ineffectual urging, a symptom she had never had before.
2. Obstinate constipation ; 12 to 15 days elapsed without an evacuation, which consisted, when it occurred, of very hard round substances about the size of an olive.—*Hering*.
3. Difficult thick stool.

### Diarrhœa :

1. Liquid stool, of a brown color, gushing out violently.
2. Several soft stools in one day.
3. Colic followed by diarrhœa.

### Before St :

1. Colic.

### Rectum and Anus :

1. Heat in the rectum.
2. Slight hæmorrhoidal swelling.
3. Hæmorrhoidal flux.

### General Symptoms :

1. Inclination to bite.
2. Weeping, with despair, followed by calmness almost immediately.
3. Irritation, anger, inclination to pick a quarrel with some body.
4. Heat of the head, as if surrounded by hot air. Sudden sensation of fulness in the head as if congested ; sometimes even as of a rush of blood. Pain as if the skull was being crushed. Cerebral symptoms come on in the morning, cease in the day time, and come on again in the evening.
5. Redness of the face.
6. Loss of taste ; aversion to meat.
7. Severe colic, with shivering, alternating with flushes of heat in the face.
8. General malaise, lassitude, amelioration after eating.
9. Desire for open air, anxiety and impatience when in the house.

**Remarks :** We have the testimony of Drs. Petroz and Teste, corroborated by that of Dr. Hughes, that *asterias* has, like *sulphur*, cured certain forms of cerebral congestion, *accompanied by obstinate constipation*.

(To be Continued.)

## Gleanings from Contemporary Literature.

### KERATITIS PARENCHYMATOSA.

THESIS FOR FELLOWSHIP IN NEW YORK MEDICO-CHIRURGICAL SOCIETY.

By GEO. S. NORTON, M. D.

[Synonyms : Keratitis interstitialis, Keratitis diffusa, Keratitis syphilitica, Keratitis lymphatica.]

VARIOUS divisions of this form of infiltration into the cornea have been described by different authors. For instance, Wells considers a vascular and non-vascular variety ; while Saemisch makes three divisions : central parenchymatous infiltration of the cornea, infiltration which follows episcleritis or scleritis, and diffuse interstitial keratitis. In all these, however, the pathological changes are the same or vary only in degree ; therefore we shall consider all under the one general head of keratitis parenchymatosa.

*Symptomatology.*—As a rule this disease attacks an hitherto perfectly healthy eye. Both eyes are usually involved, though not at the same time ; the second not generally becoming affected until after the disease has been present in the first for some time, even until the inflammation has reached its height and has, perhaps, subsided in a measure. We first notice a varying degree of ciliary injection, characterized by a more or less marked pinkish zone around the cornea. The conjunctival and sub-conjunctival vessels will also be somewhat congested. Early after the injection of the ciliary vessels a gradually increasing haziness of the cornea will be observed, which plainly has its origin in the parenchyma, as it appears deep, without disturbance of the epithelial layer. This haziness usually begins at the periphery, where its density is greatest, and gradually shades off towards the centre of the cornea. But it may begin at the centre and extend towards the periphery. It finally covers the whole area of the cornea. Its density varies greatly. It may, in rare cases, be evenly distributed throughout the cornea, but generally it will be thicker in spots here and there, especially over the pupil. When at its height the density of the infiltration, especially in the deep layers, may be so great as to completely cover the iris. The color also varies according to the density, from a thin, grayish-white color, like ground glass, to a yellow, creamy tint, which is found in the spots, especially at the centre of the cornea. This central patch often covers the whole pupil completely, destroying all useful vision. Even in cases in which the whole cornea does not seem to be involved, the apparently transparent portion will often be found, by oblique illumination, to be hazy. In the beginning of these changes the epithelial layer will retain its normal smoothness and transparency, but after a time it becomes rough and thickened, appearing as if covered with small opaque points. Sometimes the cornea loses its sensitiveness to touch so that no sensation is experienced even by touch of a probe. Ulceration of the cornea is very rarely observed in parenchymatous infiltration. The cornea may be so much swollen as to change its true curvature, especially when the inflammation has been accompanied by much vascularity. It may become flatter or staphylomatous.

The cloudiness of the cornea has not usually far advanced, although this stage may vary widely, when new blood-vessels will be found extending from the margin of the cornea towards the centre. According to Arlt, this more commonly begins above than below. These will be seen to lie deeply

in the cornea and in different layers, but are never superficial as in pannus. This vascularity may be very moderate and confined to the margin, or it may extend densely throughout the whole cornea, giving it a bright red appearance; in a small number of cases it is absent entirely. If the engorged condition of the blood-vessels is very great, small extravasations of blood into the corneal layers may be present.

The symptoms of ciliary irritation are not usually prominent, although sometimes the photophobia is considerable and persistent, while the lachrymation is profuse, and ciliary neuralgia marked. The vision is always greatly impaired. In the early stages or when the infiltration is diffuse and thin, it appears to the patient as if he were looking through ground glass, but as it becomes more dense, total loss of sight results, so that the patient cannot see the movement of a hand before his eye. If this loss of vision is in both eyes, it has a very depressing effect upon the patient and requires the utmost confidence in his surgeon to prevent him from passing into a state of hopeless despondency. The tension of the eye is usually normal, though it may be diminished, especially if there is great vascularity, even without any inflammation of the uveal tract; increased tension usually indicates that the vascular tunic of the eyeball has become involved.

After a few weeks or months, as the case may be, the infiltration begins to absorb and the vascularity to diminish; the cornea clearing from the periphery towards the centre.

*Complications.*—In a large majority of cases the inflammation extends from the cornea to the iris, and we have either a serous or plastic iritis associated with the keratitis. It is often difficult to diagnosticate iritic complication, as it never appears early, and later the opaque cornea conceals it from our view. Slow dilatation of the pupil under Atropine by no means indicates iritis, for in parenchymatous keratitis the absorptive power of the cornea is so much diminished that the reaction of the iris to Atropine is usually slow, and may be absent entirely. Severe pains at night should lead us to suspect iritis, but we may not be able to confirm our diagnosis until after the cornea has cleared and the results of iritis, posterior synechiæ and closure of the pupil, become apparent. The inflammatory process may, however, extend to the posterior divisions of the uveal tract, and we have the more dangerous complication of cyclitis or even choroiditis. This is not a common sequence of parenchymatous keratitis, but should be suspected if the intensity of the symptoms of irritation become greatly aggravated, the eyeball sensitive to touch and the tension increased. The diagnosis of choroiditis cannot be made until the cornea has somewhat cleared, when we find that the vision does not improve to the extent it should, and upon ophthalmoscopic examination the choroideal inflammation is detected. Von Graefe has observed secondary glaucoma result from parenchymatous inflammation of the cornea. Scleritis and episcleritis may be associated with interstitial keratitis, and in one variety of the disease the former precedes the latter, the infiltration extending slowly from the margin, involving the deep layers of the cornea and usually causing a permanent opacity.

*Pathology.*—In the beginning we find only an accumulation of round cells throughout the affected part of the cornea, which are wandering lymphoid cells from the injected blood-vessels at the corneo-scleral junction. These round cells are usually at first in the middle layers of the cornea, involving the layers next to Bowman's membrane, only at a later stage. Later on, there may be a proliferation of the fixed corneal cells. The corneal fibrillæ, themselves, are not involved unless the infiltration is so great and long continued that pathological changes take place by compression, when the cornea will not regain its transparency after absorption of the infiltration. The epithelial layer remains unchanged when the infiltra-

tion is in the deeper layers, but as it comes nearer the surface the epithelium will become irregular, granular and thickened, especially at points where the exudation is most superficial. The thickening of this layer may be due to the enlargement of epithelial cells by serous inhibition or to a proliferation and formation of new cells.

The development of new blood-vessels takes place from the ciliary vessels at corneo-scleral margin. According to Arnold, as endorsed by Arit, this new formation takes place as follows: "At first we find small protoplasmatic offsets growing from the marginal blood-vessels nearest the diseased part, which grow thicker as they grow farther into the corneal tissue. Gradually the central part of these solid offsets becomes hollow, and we find later on a protoplasmatic tube, with endothelium filled with a few blood-corpuscles. Carmalt and Stricker saw new blood-vessels being formed out of fixed corneal cells. \* \* \* This new formation of blood-vessels begins in the innermost layers of the cornea. Later on we sometimes find blood-vessels in the superficial layers, too."

As already stated, the corneal parenchyma is rarely altered by the infiltration, so that no scar tissue results. In this way it differs from purulent keratitis or ulcers, in which there is always destruction of tissue. In some cases of parenchymatous keratitis, especially if the inflammation has extended from the sclera, we have sclerosis with new formation of translucent connective tissue between the normal, when a permanent opacity will always be observed.

*Ætiology.*—In entering upon the discussion of the causes of parenchymatous inflammation of the cornea, we find a field in which there is great difference of opinion. I refer especially to the constitutional dyscrasia. Before, however, considering this subject, let us look at two or three other points in the ætiology. The disease is almost always bilateral, although both eyes are not affected at the same time, the second eye becoming involved from one to three months after the first. It may, however, be monocular, affect both eyes at the same time, or the second eye may not become inflamed for several months or even a year or two after the first.

Diffuse inflammation of the cornea is more liable to occur between the ages of five and twenty (especially eight to fourteen), although it has been observed as early as two years, and we have seen typical cases as late as thirty-five and forty; and in one case of a man nearly seventy. Sex has very little influence, though it seems to be more commonly found in girls than in boys; and it more frequently attacks the eldest child in the family.

It has always been recognized that this form of keratitis has been usually found in persons who are in a very low state of general health. It was therefore considered as scrofulous in its origin until about 1863, when Jonathan Hutchinson advanced the theory that all cases of interstitial keratitis were dependent upon hereditary syphilis. Since which time there has been a great difference of opinion regarding the relative frequency of hereditary syphilis in causing this disease. German authorities, as a rule, consider that a less per cent. is due to this disease, although as can be seen, they differ widely. Hirschberg found hereditary syphilis in only 5 per cent. Mauthner, Geigel, Alexander and Stellwag, also considered the per cent. small. Hermann Cohn found parenchymatous keratitis in 77 cases out of a total number of 20,000 eye cases, therefore 38 per cent. Of these 77, only 5 were considered to be dependent upon hereditary syphilis, viz. 6.5 per cent. Upon the other hand, other authors as Schweigger and Foster found it more frequently the cause. Sæmisch in his clinic could trace the disease to this cause in 62 per cent. Horner, in 51 cases of parenchymatous keratitis found hereditary syphilis in 26; in 10 it was probably the cause, and in 2 there was acquired syphilis. Davidson considered 20 per cent. of his cases were due to syphilis. Jakowiewa, in 63 cases, ascribed

the cause to hereditary syphilis in from 41 to 57 per cent. Wells and Carter believe that it is frequently the cause of diffuse keratitis, but not always. Arlt has not found hereditary syphilis as commonly the cause as scrofula (the latter having been present in 70 per cent.). Thus we see that experiences vary widely as to the aetiology of this disease. For the first five or six years of our practice it seemed as if every case could be traced to this cause, but within the last few years we have seen several typical cases of parenchymatous keratitis in which there has been no indication of a syphilitic taint. We would, therefore, consider it a frequent, but by no means invariable, cause of this form of inflammation of the cornea. We all know how difficult it is to obtain a history of syphilis from the parents, which therefore renders the confirmation of any suspicions we may have extremely hard. According to Hutchinson, the diagnosis of syphilis may be established even though the primary disease is denied by the parents, as follows: (a) The patients are of a peculiar pallor, pale, earthy or sallow hue. (b) The skin generally, and that of the face especially, is thick, coarse and flabby. (c) The bridge of the nose is wide and depressed. (d) In the skin of the face there are numerous small pits and scars, and about the angles of the mouth the radiating scars of former ulcerations. (e) In those who have cut their permanent set, the condition of the upper central incisor teeth are very peculiar, both in form, color and size. "When first cut these teeth are usually short and narrow from side to side at their edges. In the edge is a crescentic portion, thinner than the rest, which after a time breaks away, leaving a broad, shallow, vertical notch, which is permanent for some years, but between twenty and thirty usually becomes obliterated, by the premature wearing down of the tooth. The two teeth often converge, but sometimes they stand widely apart. In certain instances in which the notch is either wholly absent or but slightly marked, there is still a peculiar color, and a narrow squareness of form, which are easily recognized by the practiced eye." In addition to the above symptoms which will be observed by the physician in his examination of the patient, Hutchinson relies also upon the previous history of the patient, especially as regards infancy; at which time symptoms of inherited syphilis, as "rash, sore mouth, ulcers at anus, prolonged snuffles, etc.," will have been present. Another point which he considers important is the great mortality among the brothers and sisters of the subjects. The death rate being very high in early infancy, and the miscarriages frequent in those families in which syphilis is to be found in one or both parents.

According to Arlt, whose observations in this respect we have also confirmed, parenchymatous keratitis dependent upon inherited syphilis, is usually marked by a denser and deeper opacity of the cornea, though the vascularity, ciliary injection and symptoms of irritation are relatively less severe than when it is of scrofulous origin. The uveal tract is also more often involved with the cornea in syphilis, though gummata are rarely, if ever, seen on the iris; thus contrary to the condition so frequently observed in syphilitic iritis. The syphilitic variety is more subject to relapses than the scrofulous, and is more common between the ages of eight and fourteen.

The causes of diffuse inflammation of the cornea are not necessarily confined to scrofula and hereditary syphilis, for it may be found in other low states of general health, or it may arise in persons who are otherwise perfectly well. Arlt has observed it follow or be caused by malaria in eight cases, all men. In three of which both eyes were affected, one after the other. The haziness was moderate, diffuse and more at the centre of the cornea, though not wholly opaque. The surface of the cornea was clear and sensitive to touch. There was only slight ciliary injection, and no blood-vessels were developed in the cornea. An injury often gives rise to

a certain form of interstitial inflammation of the cornea, though it is usually more circumscribed in character, and will not be considered in this paper.

*Course.*—The course of this disease, if not treated, is extremely slow and of long duration. This is not due to relapses but is the steady advance and decline of the inflammation. Relapses rarely occur, except occasionally in the syphilitic form. Even under the most careful treatment this disease will often continue weeks, months and even years, before the final results are reached. This is especially true when the infiltration into the cornea is very deep and the vascularity is excessive. A moderate amount of blood-vessels in the cornea does not protract the course of the disease. The course is longer in old people, or in young persons in whom hereditary syphilis is the cause. We have succeeded, by homœopathic remedies, in aborting the inflammation in its early stages, so that absorption has taken place in from two to four weeks, but if the disease has become well started it is better not to expect a favorable result in less than six or eight months.

*Results.*—If the infiltration into the cornea has not been present so long as to cause sclerosis of the corneal fibrille, it may be wholly absorbed, the cornea regaining its transparency and leaving no trace of the disease behind, or the haziness may be so slight that it can only be detected by oblique illumination. If the exudation into the cornea has been deep, dense and of long standing, it has in all probability caused a sclerosis of the corneal laminae, so that an opacity of the cornea remains after the termination of the inflammation. This opacity may be dependent upon fat or chalky deposits in the cornea, and in rare cases pigment cells may be found. The extent to which any opacity may interfere with vision will, of course, depend upon its density and situation. From long protracted inflammation the cornea not unfrequently becomes flatter. Upon the other hand it may become staphylomatous, especially if the vascularity has been very great. Iritis, which often accompanies parenchymatous keratitis, may result in adhesions of the iris to the lens (posterior synechie), or even in occlusion of the pupil. These results may be first detected after the cornea has cleared. If the complications of inflammation of the sclera, ciliary body or choroid have been present, staphyloma, atrophy of the eyeball, haziness of the vitreous, etc. etc., may result.

*Prognosis.*—The prognosis varies according to the extent, character, duration, cause and complications of the infiltration into the cornea. Taking it all in all, the prognosis is more favorable than one would be led to suppose, considering the severity and long duration of the disease. One reason for this may be, on account of its being more often found in children or youth, in whom the reparative process is more active than in adults or old people. In fact very little clearing of the cornea must be expected when the infiltration has occurred during old age. Upon the other hand we are often surprised at the rapidity and degree with which the cornea may clear in young persons. The general health of the patient and our ability to tone up the vital forces will have a decided influence upon our prognosis, as will also the sanitary surroundings of the patient. Other things being favorable our prognosis should be good, even if the infiltration is diffuse throughout the whole cornea. Excessive vascularity is unfavorable, but a moderate development of blood-vessels should not be so considered. The early appearance of intense photophobia is usually an unfavorable symptom; the prospect being more favorable in proportion as the intolerance to light is slight. The situation of greatest density will also guide us; it being more unfavorable, as far as vision is concerned, at the centre than at the periphery of the cornea. Perfect transparency of the cornea cannot be expected unless the haziness is very moderate. The longer the duration of the disease the more doubtful will be the result,

Especially is this true during the active inflammatory process, until the height of the inflammation has passed and absorption has really begun, for long continued inflammation with exudation into the parenchyma of the cornea will produce, by pressure, such degenerate changes in the corneal fibrillæ that a clearing of the cornea cannot be expected.\* It is impossible to tell how extensive these changes in the cornea may be, therefore an improvement far beyond our expectations may result, or vice versa. In severe cases, when both eyes are affected, the patient may be practically blind for a month or two, or even more, from the corneal opacity and intolerance of light, and still recover an useful amount of vision. Recent exudation into the cornea, even severe, if checked in its progress by treatment, will usually absorb perfectly, leaving no trace of the inflammation behind. Diffuse keratitis, caused from the extension of an inflammation in the sclera will usually produce permanent changes in the cornea, which will render our prognosis as to the improvement of vision, very guarded, as a general rule. When scrofula is the cause of the inflammation the prognosis is more favorable than when it is syphilitic in origin. If ulceration of the cornea should supervene, a more or less dense permanent opacity will result or even perforation and atrophy of the globe. Iritis, the most common complication of parenchymatous keratitis, renders necessary a still more guarded prognosis, which will be more favorable if the pupil can be kept dilated by a mydriatic. This, it is however, often impossible to do, owing to the interference in absorption through the diseased cornea. Often, after the cornea has cleared, the iris will be found to be bound down to the lens (posterior synechiæ), or there may be occlusion of the pupil. A still graver and more dangerous complication in inflammation of the ciliary body, which will, of course, render our prognosis very doubtful to say the least. Thus the extension of the inflammatory process to any of the other tunics of the eye, as sclera, choroid, etc., will influence our opinion as to the termination of the disease, according to the character of such inflammation.

Relapses very rarely occur in interstitial keratitis. Even when the disease is syphilitic in origin, in which case they are more common, the tendency to recurrences is fortunately rare.

*Treatment.*—Before considering the proper homœopathic treatment of this form of inflammation, let us see what methods of treatment, local and constitutional, are recommended by the Old School, and what success results therefrom. We have examined a large number of prominent authorities upon this point, and the general verdict is the same as expressed by Wells in his treatise upon the eye, viz.: "In the treatment of the disease, we must be chiefly contented with guarding the eye against all noxious influences, such as bright light, wind, draughts, etc., and must endeavour to prevent the inflammatory symptoms from gaining an undue prominence. *Unfortunately we do not at present know of any means of checking the progress and development of the disease, or of curtailing its protracted course.* The use of *hot fomentations* have sometimes seemed beneficial, not only in causing the development of new blood-vessels in the cornea to hasten absorption, but also in preventing the lymphoid infiltration. As in all affections of the cornea, *Atropine* is a remedy of the first importance, especially in the early stages of the inflammation, but even this is of little avail after the cornea has become diffusely clouded, owing to its non-absorption; its long continuance tends to aggravate the inflammation. *Caustics and astringents* must be avoided, for they only increase the inflammatory process and cause more or less serious complications, such as ulceration of the cornea and inflammation of the iris and ciliary body. Anti-phlogistic treatment is not usually well borne, on account of the low state of general health, although leeches to the temple are sometimes recommended, if the vascularity is excessive, or if symptoms of cyclitis make their



appearance. After the height of the inflammation has passed and the cornea has begun to clear, the use of the following *irritants* is recommended to hasten absorption: Calomel, yellow precipitate ointment, collyrium of iodide of potassium, oleum terebinthinæ, etc., etc. Counter-irritation by a *seton* to the temple has been employed in obstinate cases. Hasner has performed *paracentesis of the cornea* even when there has been no complicating iritis or excessive vascularity. *Iridectomy* has proved beneficial in some cases including the progress of the disease."

The chief reliance is, however, placed in the building up of the general health. Hutchinson advises, "the continuous use of mercurials and iodides, at the same time supporting the system by tonics and a liberal diet." He uses a mild mercurial ointment behind the ear or beneath the axilla, every night, keeping a strict watch upon the patient to prevent salivation. Others, where there is a syphilitic taint, administer the iodide or bromide of potassium, the bichloride of mercury, or the two in combination. That form of parenchymatous keratitis, which according to Forster is complicated with inflammation of the joints and chronic periostitis, requires the use of iodide of potassium (Goldzieher). If the disease is scrofulous in origin, or if occurring in patients of a feeble cachectic habit, tonics, especially the syrup of the iodide of iron, quinine, or the citrate of quinine and steel, are prescribed. Cod-liver oil, either with or without quinine or steel is also employed. Arlt recommends very highly various kinds of mineral waters.

Great attention should be paid to the diet and hygiene. The diet must be generous and nutritious. Meat may be allowed at each meal, and in certain cases stimulants may be advisable. Everything should be done which will possibly strengthen the patient. Exercise in the open air will often prove an important aid in the treatment. After the severity of the symptoms has in a measure subsided, a change of air will often be of great advantage.

Having now given the most approved modes of treatment employed by Old School authorities and their degree of success, the questions naturally arise, in what respect does the homœopathic method of treatment vary from the above, and can we more successfully cope with this disease than they. Let us first answer the latter question. They acknowledge that they "do not know of any means of checking the progress and development of the disease, or of curtailing its protracted course." We, upon the other hand as homœopaths, are satisfied that we have not only hastened the absorption of the infiltration into the cornea, but have also often checked the progress of the disease in its various stages. It is true that some cases will run their course, notwithstanding the most careful treatment, but they are in the minority, and may be due to a great extent to our limited knowledge of drug action. The truth of this statement as to the curability of parenchymatous keratitis will be confirmed as we proceed with the treatment.

There are some points in which the treatment of the two schools must necessarily be the same; as for instance, the hygienic rules and diet. As parenchymatous keratitis usually occurs in delicate, ill-nourished children with a constitutional dyscrasia, our first attention must be directed to the diet. This must be of the most nourishing character. They should have meat, vegetables, bread, oat-meal, hominy, milk, etc., and in quantities sufficient to satisfy the appetite. Candies, pastry, highly seasoned food, tea, coffee, and the like, should be strictly prohibited. Stimulants may occasionally be advisable as well as various tonics. Especially useful as a tonic in low conditions of the general health have we found *Avena sativa*, ten drop doses, three or four times a day. At the same time the surroundings of the patient require particular consideration. Cleanliness, not only

of the patient but of the habitation, is most essential. They should at no time be confined to a room in which the air is rendered impure by many occupants or surrounding filth. The sleeping room should be clean and airy. Exercise in the fresh open air should be insisted upon. As these patients are so often found in our tenement house population or among the lower classes, in whom all rules of hygiene are constantly violated, it is better in these cases to take them into a hospital where they can receive proper care.

When in the open air, the eyes should be protected from bright light, especially if there is considerable photophobia, either by a light bandage or by colored glasses. Either smoke or blue glasses may be prescribed, as are most agreeable to the patient; the preference will usually be given to the former. Care must also be taken to prevent any exposure to draughts of air and other injurious influences.

The local treatment should be even more limited than recommended by the Old School.

*Hot fomentations* have occasionally seemed to be of service, though we do not usually find them necessary.

The employment of Atropine is not advisable for this disease, *per se*, but is required and should be faithfully instilled if the iris has become involved.

By keeping the pupil dilated, the various results of posterior synechiæ are prevented. If the infiltration in the cornea is so great as to interfere with absorption so that the iris does not react to the Atropine, its use should be discontinued, notwithstanding the danger of adhesions of the iris to the lens; for it does not seem to act beneficially on the cornea in parenchymatous inflammation. In extremely rare cases, it may possibly happen that the iritic pains are severe and are relieved by Atropine, even though there is no perceptible dilatation. In such cases Atropine should be used. The solution of Atropine, four grains to the ounce of water, has been found most beneficial. The frequency of instillation varies widely according to the case, from every hour to once in twenty-four hours.

If the intra-ocular tension should become increased, which is a complication we have never yet met, paracentesis of the cornea or iridectomy would be required.

Our main reliance must, however, be placed in the internal administration of the indicated remedy. As in every disease, the "totality of the symptoms" must decide us in the selection. The following are the drugs, with their indications, which we have more commonly found useful:

*Apis mel.*—A remedy which has been highly recommended by some writers for various diseases of the cornea, especially with infiltration and vascularity. *Oedematous conditions of the lids, chemosis and stinging pains in the eyes*, would point to its use, especially if accompanied by *drowsiness and thirstlessness*. It is not often indicated, but the following case will illustrate its action: *Keratitis parenchymatosa*. John K., æt. eleven, was brought to our clinic with the right cornea densely infiltrated. It had been in this condition for two or three weeks. There was a fair history of hereditary syphilis, according to Hutchinson. The joints, especially the knee, were swollen, inflamed, and painful on slightest use. There was an exostosis of inferior maxillary. He was taken into the New York Ophthalmic Hospital and treated for some time with various remedies, with no benefit. He grew gradually worse until there was almost total loss of vision, both corneæ having become infiltrated, with slight vascularity, much photophobia and some pain. In connection with these symptoms, he became very drowsy, with high fever and no thirst. *Apis* was now given with immediate relief of drowsiness and fever. The infiltration into the cornea also began to absorb and a speedy cure resulted.

*Arsenicum*.—Indicated in interstitial keratitis occurring in weak, irritable subjects. The haziness and vascularity of the cornea are accompanied by excessive photophobia and burning pains, which are liable to be periodic in character. The lachrymation is profuse, hot and often excoriating. Warm applications usually relieve the symptoms. The eye as well as the general symptoms are usually aggravated at night after midnight. The Arsenic patient (contrary to Apis) is always restless, especially after midnight, and complains of great thirst for small quantities. Although restless, there may be extreme prostration at the same time. Illustrative of its action is the following case :

Mrs. S. J., æt. thirty, came to my clinic, Nov. 11th, complaining that both eyes had been inflamed for eleven weeks. Both corneæ hazy, especially the right. The redness was moderate. There was pain over the eye, extending back into the head, worse at night. The pupil dilated slowly under Atropine. No specific history. Cinnab. or Aurum mur. were given until November 16th, with no benefit. The pains became more severe in the eye, shooting over the head and down into the cheek, like pins and needles ; were worse at night and relieved by warm water. There was also some burning pain the latter part of the night. Considerable photophobia and redness in the right eye. Vision nearly lost. Under Arsen.3, given by Dr. Boyle, the pain was at once relieved and the eye began to rapidly improve. After about ten days the thirtieth potency was given. The improvement continued until December 20th, when V.  $\frac{20}{200}$ , and with concave ten glass, was  $\frac{20}{50}$ .

*Aurum mur.*—The muriate of gold has proved one of the most efficacious remedies we possess for the treatment of diffuse inflammation of the cornea. It has cured more cases and seems to be more often indicated than any other drug. Its characteristic indications are by no means well marked. The diffuse infiltration throughout the cornea which does not tend to suppuration, points to Aurum. The cornea may be vascular or not. The photophobia and symptoms of irritation vary widely, though are rarely excessive. Especially is this true regarding the pain, which is usually absent. It is particularly indicated in cases which can be traced to hereditary syphilis, although we have witnessed even more rapid improvement from its use in interstitial keratitis when no syphilitic taint could be detected. The general health is usually poor, as found in markedly scrofulous or syphilitic children. Enlarged cervical glands, inflammation of the joints, pain in the bones, etc., etc., often accompany the disease in the eye. The patients are often despondent. The following cases will show its sphere of action :

CASE I.—*Keratitis parenchymatosa*. A boy, æt. seven, appeared for treatment, November 15, 1879. The vision had been failing for two weeks. Upon examination, it was found that he could only count fingers at two feet. Both corneæ were diffusely hazy, with some points here and there more dense. The surface of the cornea was smooth. The ciliary injection and photophobia were very slight ; no pain. The cervical glands were somewhat swollen. There was no trace of hereditary syphilis, and the teeth were all right. R. Aurum mur. 3

November 19. Counts fingers at three feet. On account of ciliary injection, Atropine was instilled. Continue Aurum mur. 3

November 23, R. V., fingers at one foot ; L. V., fingers at six feet. L. V.,  $\frac{20}{200}$ . Pupils dilated. Both corneæ clearing at the periphery. Right eye more inflamed. Photophobia and lachrymation more in the morning, with some pain in the right eye. Only slight redness of the left eye. Continue the Aurum with a dose of Nux. vom. 30 at night.

Nov. 29. R. V., fingers at one foot.

December 4. R. V., fingers at six feet; L. V.,  $\frac{20}{40}$  Both corneæ clearing.

December 12. R. V.,  $\frac{20}{70}$ ; L. V.,  $\frac{20}{70}$ , difficulty.

December 30. Discharged with only slight haziness of the corneæ remaining.

**CASE II.—*Keratitis parenchymatosa.*** A girl, æt. eleven, had had inflammation of the eyes for seven months. The right cornea was very opaque, especially in spots, and vascular; ciliary injection marked. The left cornea was infiltrated, but not vascular. The child was delicate, and suffered from chronic rheumatism, with enlargement and stiffness of the joints. Although a clear history of hereditary syphilis could not be obtained from the parents, yet in all probability it was the cause of the trouble. As Atropine had been used, it was continued for a time. Under Aurum mur. 3 she was nearly well in two months.

***Baryta iodata.***—The use of this remedy for parenchymatous inflammation of the cornea was first advocated by the late Dr. W. H. Woodyatt, who reported the cure of a case of specific interstitial keratitis of both eyes under its influence. The vision had decreased so that fingers could be counted at not more than four feet. Enlarged cervical glands, which were hard and painful on pressure, complicated the eye trouble. Since the publication of the above, we have also derived benefit in one or two cases of this form of inflammation, especially when found in scrofulous subjects with enlargement of the cervical glands. In one case very marked temporary benefit was observed, although the cervical glands were perfectly normal.

The Carbonate of baryta may be of service, though has not, to our knowledge, been employed in this form of keratitis.

***Calcareæ carb.***—It has been useful in clearing up the diffuse haziness of the cornea, though is not as commonly called for as Calc. phos. It is indicated in pale, flabby, scrofulous subjects, who sweat much, especially about the head: the hands and feet are cold and perspire easily; the children are potbellied. Aggravation of the eye and general symptoms are frequently observed in damp weather, or from getting wet. There are no characteristic eye indications.

***Calcareæ iod.***—It should be thought of in interstitial scrofulous keratitis, with enlargement of the tonsils, etc.

***Calcareæ phos.***—A valuable remedy in parenchymatous keratitis of scrofulous origin or dependent upon a low condition of the general health. The local indications for Calc. phos. are not prominent, and the general condition will not vary greatly from that of the Calc. carb. patient. The photophobia has usually been pronounced, as is commonly the case in scrofulous affections of the eye. As illustrating its action, is the following: *Keratitis parenchymatosa* occurring in a woman, æt. thirty. The left eye only was involved. The infiltration into the cornea commenced above and gradually increased for two weeks until the vision was lost; the exudation was deep in the cornea and not superficial as in pannus. There was some vascularity and considerable photophobia. The tonsils were much enlarged. Calc. phos. 3 was given. Improvement was soon apparent, the photophobia and ciliary injection diminished, and the cornea began to clear. In three weeks L. V.,  $\frac{10}{200}$ , and in six weeks L. V.,  $\frac{20}{50}$ . In another case, by Dr. J. H. Buffum, in which the corneal epithelium was lost in connection with the infiltration into the parenchyma; photophobia, lachrymation and slight pain; a cure resulted in four weeks under Calc. phos. 6

***Calcareæ sulph.***—As one of the "tissue" remedies, it may be employed with advantage in this form of inflammation, especially when Hepar sulph. seems indicated. Its more extended use must verify its value.

*Cannabis sativa*.—Like many other remedies in our *Materia Medica*, this drug has been recommended by certain enthusiasts, for all manner of diseases of the eye, among which we find parenchymatous keratitis, with great vascularity of the cornea. That it is important in this affection, we have had occasion to verify. In one case of a boy, *æt.* ten, the right cornea had been involved, but was clearing, when the left became affected. The child was delicate and had a suspicious history, though not positively of hereditary syphilis. The knee joints were swollen, stiff and inflamed. The left cornea became so densely infiltrated and vascular that the iris could not be seen. The surface of the cornea was smooth and glistening. Before the haziness was so great as to obscure the iris, Atropine would not dilate the pupil, from non-absorption through the cornea. There was great redness of the eye, excessive photophobia and lachrymation, and considerable pain at times. Various remedies had been prescribed, with no benefit. Under *Cannabis sativa*  $\mathcal{Q}$ , in water, internally, the intensity of the symptoms began at once to subside, the vascularity of the cornea to diminish and the haziness to disappear. In from four to six weeks the cornea had so far cleared that the iris could be distinctly seen, and a moderate amount of vision had returned.

*Hepar sulph.*—It has been especially useful in hastening the absorption of the exudation into the cornea after the progress of the disease has been checked by other remedies. Its sphere of usefulness is not, however, confined to this, for it has been of service when the inflammation has been at its height, as illustrated in the following case: *Keratitis parenchymatosa*. Mary A., *æt.* thirty, was admitted to New York Ophthalmic Hospital, January 14, 1878. The left cornea was very hazy, so that the iris was just visible; very little redness and irritation. The right eye was very red and painful, and the upper part of the cornea very hazy. From this time until February 23, various remedies were given as seemed to be indicated by pains and general condition, but with no avail, except occasional temporary relief from certain symptoms. She suffered nearly all the time from pain in the eyes, head and joints. The cornea became more and more infiltrated, until it was wholly opaque. There was considerable redness of the eyes, much photophobia, and marked sensitiveness to touch and cold air, with pain. *Hepar 30*, "ter die," was prescribed March 4. Great improvement was noted. All the symptoms were relieved, and the cornea was clearing from below. Could see much better. April 1.—She was discharged with a tolerably clear cornea.

*Kali mur.*—The potashes are especially indicated in low forms of inflammation, in which there is very little redness or photophobia. In true parenchymatous inflammation of the cornea, more benefit has been derived from the muriate than any other preparation of Potassium. One of the first cases in which we employed this remedy, occurred in a man, *æt.* thirty-five. For three months the right eye had been affected (a year or two before the disease had run its course in left eye). The infiltration began at the outer border and extended over the whole cornea, so that he could only count fingers. There was moderate redness and photophobia, and slight pain at times. The pupil would dilate regularly but very slowly and incompletely under Atropine, and would contract quickly. *Aurum mur.* and *Cinnabar* had been given with no benefit, except relief of pain. *Kali mur.*, 6 dec., arrested the inflammation, and the cornea gradually cleared under its use. In three months, R. V.  $\frac{20}{50}$ . Other cases in which the cornea has been infiltrated, appearing like ground glass, with no vascularity and very moderate symptoms of irritation, could be reported in which rapid and permanent improvement took place under *Kali mur.*

*Mercurius sol.*—Some preparation of mercury is often required in the treatment of diffuse keratitis, as one would be led to suppose from its


origin. It is especially serviceable when the disease can be traced to hereditary or acquired syphilis, though may be useful in other cases. It is somewhat similar to Aurum in its action, although there is generally more redness, photophobia and pain when mercury is called for. Any iritic or cyclitic complication would especially point to this remedy. The pains are not confined to the eye, but are especially severe in the corresponding side of the head. The *nocturnal aggravation* is always well marked, as well as various concomitant symptoms. Specially general indications would decide the choice of preparation. The intensity of the subjective symptoms is more marked under Merc. corrosivus. There is more tendency to a superficial abrasion of the cornea under Merc. protoiod, especially if accompanied by a thick yellow coating at the base of the tongue.

*Nux vom.*—Useful, especially as an intercurrent remedy when there is marked morning aggravation.

*Sepia* has been employed with benefit in parenchymatous keratitis, associated with uterine disorders.

*Sulphur.*—It is indicated in interstitial keratitis of a strumous origin, even when the inflammation is in an active stage, though it is especially useful in promoting the absorption of the infiltration into the cornea after the inflammation has been allayed by other remedies. In one case, occurring in a scrofulous subject, the cornea had the appearance of ground glass; the photophobia was decided, and the lids were swollen and bled easily. Permanent relief was obtained from the use of Sulphur.—*The North American Journal of Homæopathy*, May, 1882.

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THE *INDIAN MEDICAL GAZETTE* ON HOMŒOPATHY.

In the current (August) number of the *Indian Medical Gazette* there is an article on "Medical Practice in Calcutta." The article was suggested by the proposal that has been recently made to the Government of Bombay by the Principal of the Grant Medical College to enact a Law for the registration of medical qualifications. "With a view to discussing in a future number the grounds on which the registration of medical qualifications in India generally, or its principal towns, might be considered advantageous, we," says the Editor, "propose now to jot down a few notes regarding the mode in which medical practice is carried on in Calcutta."

The editor may be said to have in a manner disarmed criticism by telling his readers that what he has written, or jotted down, is only "a rough and superficial sketch of the state of medical practice in Calcutta in the year of grace 1882." But more than a rough and superficial sketch was expected of one who, as Professor of Surgery to the Medical College and First Surgeon to the College Hospital, enjoys a very large practice in Calcutta, and who, as Health Officer to the town, has and ought to have availed himself of, every opportunity of knowing all the varieties of medical practice that prevail in one of the largest cities in the world.

It is, however, not so much the rough and superficial character of the article that we care to complain of, as the unpardonably



unfair and misleading expressions in which he has indulged regarding a subject, of which the Editor has not even a superficial knowledge. In treating of Medical Practice in Calcutta Dr. McLeod had per force to notice homœopathic practitioners, and it would have been well for his reputation if he had confined himself to statistics. But the opportunity was too tempting to be lost for cheaply earning renown as a champion of orthodoxy. Any thing said against homœopathy, logically or illogically, based on fact or fancy, is sure to bring honor as defender of rational medicine, and accordingly we have the following exquisite passage on homœopaths and homœopathy. We would earnestly solicit our readers to peruse the passage with the care and attention which any statement, emanating from a "leader" of the profession in Calcutta, and from a gentleman of Dr. McLeod's eminence, deserves :—

"There are several homœopaths among this class. The mystery of homœopathy rather commends itself to the native mind, and the medicines—save the mark!—are tasteless and cheaper. There are homœopaths qualified, unqualified and amateur. Some of the qualified members of the sect do a large business, and one of them charges and receives Rs. 16 a visit. We know little of this sphere of practice, but we suspect that a good deal of quacking goes on. Quacking is inseparable from dealing in occult agencies. We have met with two instances in which homœopaths undertook, on prepayment of a substantial fee, to cure cataract and cancer by infinitesimals. Some practise homœopathy from conviction. Its refinements and illusions commend themselves to imaginative and unpractical minds. Others practise it because it pays better than so-called orthodox medicine, and there are a few qualified men who profess both allopathy and homœopathy, and practise either according to the whim of themselves or their patients. These cases are exceptional, and to the honour of native medical men it is pleasant to record that they prefer the realities and imperfections of rational medicine to the delusions and pretended finality of infinitesimals. Still there is not among practitioners of rational medicine the same abhorrence of transcendental empiricism which is met with in Europe and America, and this and other phases of irregular practice are tolerated in a manner unknown elsewhere. The transitionary state of India as regards medical science and practice is probably accountable for this peculiarity, and perhaps also the milder and more passive nature of the Hindoo."

A careful perusal of this passage will show that the burden of the writer is to account for two unpleasant facts, namely, that "there are several homœopaths among this class," and that "some practise homœopathy from conviction." Our readers

may not understand, because it is not possible to understand from the whole paragraph itself, what is meant by "this class." But we may gather from this and some preceding paragraphs, that by "this class" Dr. McLeod means the class of native medical men, who, we are further told by Dr. McLeod, "are the product of the higher education in medicine resulting from the organization of the Medical College 1835 by Lord George (!) Bentinck." Let not our readers be surprized at this singular want of accuracy in giving the name of a celebrated Governor-General of India. It may be due to a freak of the Printer's unnameable gentleman.\* But what about want of clearness of language? This is certainly singular as proceeding from the pen of Dr. McLeod, but unfortunately it is not singular in the sense of being one instance only. For notwithstanding that Dr. McLeod is a great writer among the "leaders" of the profession there are several instances of confusion of language in the one paragraph from which we have given the above extract. Thus the very first sentence with which the paragraph begins.—"In most instances the plan of treatment is followed out scrupulously," &c. contains an obscurity which can only be cleared up by a reference to the preceding paragraph, and even then by a stretch of the imagination. Then again we have "homœopaths qualified, unqualified *and* amateur," from which one must infer that amateur homœopaths are distinct from qualified and unqualified, that they are neither qualified nor unqualified! And finally we have "these cases are exceptional, and to the honor of native medical men," &c. What these cases are no body can make out by the application of the rules of grammar. Dr. McLeod has made three classes of homœopaths, those who practise it from conviction, those who practise it because it pays better, and those (a few qualified men) who profess both allopathy and homœopathy. "These cases," coming after the description of the last class, ought to mean homœopaths of this class, but the subsequent out-burst of eulogy on native medical men generally shows that "these cases" include all classes of homœopaths.

We might be thought as hypercritical for dwelling upon these blemishes of language, but we would beg to remind our readers that confusion of language is indicative of confusion of thought, and a writer who, in the course of a single paragraph, commits so many blunders, cannot be expected to give a correct account of a subject of which he is thoroughly ignorant. Let us see how he has acquitted himself. He has, as we have said, to account for two facts which stare him in the face and which cannot be

\* Our own printer's d——l protests against the charge we have brought against his class. No one, he says, could mistake "George" for "William Charles Cavendish." The mistake, he insists, must be the writer's or ours.

ignored. The first is "there are several homœopaths among native medical men." And this is accounted for by the assertion that "the mystery of homœopathy rather commends itself to the native mind, and the medicines—save the mark!—are tasteless and cheaper." The second fact that "some practise homœopathy from conviction," is met by the same assertion modified and generalized, namely, "its (homœopathy's) refinements and illusions commend themselves to imaginative and unpractical minds." In this last sentence the writer evidently endeavours to correct a fallacy that lurks in his first assertion. For if the mystery of homœopathy rather commended itself to the native mind (we are not told whether he means the mind of the Bengali, of the Hindu generally, or of the Indian comprehensively), how is he to account for the much greater prevalence of homœopathy in Europe and America? According to the logic of the writer there must be more imaginative and unpractical minds in England which has nearly 300, and in the United States of America which has upwards of 6000 practitioners who have adopted homœopathy, than in all India which has scarcely two dozen medical men who have taken to the system.

Homœopathy, we are told, is a mystery, and if there was any doubt about the meaning of this word, it is cleared up by an assertion which is as unfounded as it is ill-natured. The assertion is, "we know little of this sphere of practice, but we suspect that a good deal of quacking goes on. Quacking is inseparable from dealing in *occult agencies*." It is a wonder to us that the writer was not ashamed to put the above in black and white, and have it printed and published. He admits, as he cannot but, that he knows little of this sphere of practice, and still he suspects that a good deal of quacking goes on in it. Why does he suspect so? For no other reason than that he must, in order that he might traduce homœopathy and those who practise it. And to justify his suspicion he must invent a reason, and that reason is that "quacking must be inseparable from dealing in *occult agencies*." Homœopathy then, according to this writer, is a mystery, and it deals in *occult agencies*.

These are novel charges against homœopathy, and as they have been boldly put forward by a leader of the profession in India, it is necessary that those, who recognize in homœopathy as the most advanced point in therapeutics, should examine the charges for the satisfaction of their own conscience, and for the guidance of the public who are apt to be misled by the authoritative statements of one who is so eminent in the profession. We need not remind our readers that the word mystery, when used in reference to the works of the Supreme Being, is understood to mean what is absolutely beyond the compass and comprehension of reason ;

and that when used in reference to human doctrines it is understood to mean that which is not absolutely beyond human reason, but which can only be learnt from those who have been already initiated in it, in other words, that the doctrine is kept a secret, and is only revealed to those who pledge their honor not to give it out. Thus we had the mysteries of the ancient Egyptians and Greeks, and we have still the mysteries of the Free Masons, and of the Himalayan Brothers of whom we have begun to hear from Madame Blavatsky and Colonel Olcott. It must be evident that Dr. McLeod must have used the word mystery in the second and not in the first sense. And if this could be proved of homœopathy no more serious and no more condemnatory charge could be made against it. And conversely, if it could be shown that homœopathy is not only not a mystery, but the reverse, then it must be admitted that the writer who has preferred the charge must stand self-condemned. Indeed he could not have adopted a better way for ruining his reputation for fairness and honesty.

Now what are the doctrines of homœopathy? The fundamental, the cardinal doctrines, which constitute the essence of homœopathy, are only three and no more. They are clear as daylight, being intelligible to the commonest understanding, and free from all ambiguity. They are as follow:—

1. Remedial agents should be proved in health, before they are used as such in disease. In other words, before using any agent, other than food, in disease, they should be administered to healthy individuals, in order to elicit their physiological and health-disturbing actions.

2. When drugs have been so proved, they are most efficaciously used in diseased conditions similar to those they have been found to produce; the greater the similarity, the greater their efficacy in removing those diseased conditions.

3. When so used, their doses must be less than those which produce the similar artificial or drug-disease.

We are not blind to the fact that the Homœopathic School has been split up into sects, chiefly on the question of the size of the dose, and partly also on the question of the degree of generality of the *similia similibus* law. But so far as the above doctrines are concerned there is absolute unanimity amongst them all. And we ask where is the *mystery* in any of these propositions? Practitioners of homœopathy do not employ as remedial agents any other substances than what have been actually *proved* in the healthy human body. Where then are the *occult agencies* in which they deal? Their rule of selecting drugs is based upon the correspondence between their physiological actions and the phenomena of disease. Where then are we to look for *illusions*?

It is strange that such a learned and accomplished member of the Old School, as the Editor of the *Indian Medical Gazette*, should need to be told that all the sources, whence the profession used to draw, and are still in the habit of drawing, the *materia medica*, that is, instruments wherewith to combat disease, whose genuineness and purity must constitute the only solid and true basis of the therapeutic art, that all these sources are the most impure imaginable, indeed, are not proper sources at all; in other words, that inferences about the therapeutic properties of substances from their appearances, from their sensible, physical or chemical properties, cannot be better than the wildest guess-work, and that such guesses when put to the test at the bed side, have been and always will be attended with failure, with only solitary exceptions; and that these trials on the sick, not to speak of their unjustifiableness, cannot lead to the discovery of not more than a very few agents which may be used with any confidence in the treatment of disease. To be convinced of the truth of what is here advanced we would recommend our orthodox brother to peruse with attention the masterly essay of Hahnemann "On the Sources of the common *Materia Medica*." There he will see exposed the folly of expecting from one science information regarding matters belonging to others. There he will see the necessity fully demonstrated of investigating the physiological actions of substances, that is, of ascertaining their powers of disturbing health, which are the pure effects of drugs. And our learned brother will see that "this doctrine of the pure effects of drugs promises no delusive, fabulous remedies for names of diseases, imagines no general therapeutic virtues of drugs, but unostentatiously possesses the elements of cure for diseases accurately known (that is, investigated in all their symptoms); and he, who will take the trouble to select a remedy for a disease by the rule of the most perfect similarity, will ever find in it a pure inexhaustible source whence he may derive the means for saving the lives of his fellowmen."

If he is convinced of these simple things then he will see that it is unpardonable perversion of language to call that a mystery which has removed all uncertainty and, therefore, all mystification, from the domain of Medicine; to charge that with dealing in occult agencies which gives and courts the widest publicity to its discovered agencies, and which invites all men, and earnestly solicits professional men in particular, to more and more thoroughly prove those agencies that they might be used with more and more certainty as remedies, and which challenges all practitioners of the healing art to put to the test the *similia similibus* law, publish its failures, and shame the discoverer. Such being the case let our learned brother himself judge if the profession is

justified any further in heaping abuse upon abuse upon the devoted head of the author of homœopathy.

The Editor of the *Indian Medical Gazette* cannot be so deficient in his knowledge of the literature of his profession as to be ignorant of the fact that the greatest masters and leaders of orthodoxy, such as Sir Thomas Watson, Dr. Acland, and a host others have begun to feel the necessity of drug-proving which Hahnemann not only felt, but endeavoured to supply with a zeal, devotion and self-sacrifice which have commanded the admiration of all but the most narrow-minded in the profession. The learned editor cannot, again, be ignorant of the fact that the best therapeutic treasures of Homœopathy have been, and are in course of being appropriated by authors who are professors in orthodox institutions and physicians in orthodox hospitals, and that these appropriations are published in works which are now the recognized text-books in all orthodox Schools of Medicine, published, be it noted, without acknowledgment of the source whence they have been drawn, and sometimes—such is orthodox conscience!—palmed off as original discoveries. It is not a little singular that notwithstanding that the piracy has been exposed in even orthodox journals, edition after edition of those works are issuing from the press, without their authors paying the slightest heed to the exposure. When the cardinal doctrines of homœopathy are thus one after another being tacitly recognized by the thinking men of the profession; when the very remedial agents of homœopathy are finding their way in the prescriptions of these men and are being followed by the mass of the profession; and when these medicines are being used in doses, not infinitesimal indeed, but more akin to the laughed-at infinitesimals than to the heroic doses of a few years ago, is it not moral perversity in an Indian editor, whose duty ought to be to keep the professional and the lay public *au courant* with the progress of medicine, to represent the greatest reform that has been effected in it as a mystery, dealing in occult agencies, and therefore substantially the worst form of quackery?

Dr. MacLeod has our heartiest support in his exposure and condemnation of quackery whether existing among homœopaths or among the orthodox practitioners. He mentions having “met with two instances in which homœopaths undertook, on prepayment of a substantial fee, to cure cataract and cancer by infinitesimals.” The point, of course, is not, as the writer would seem to make it, the cure of cataract and cancer by infinitesimals. The efficacy of infinitesimals, in the cure of diseases in general, and of such diseases as cataract and cancer in particular, may be left an open question; and we may, *en passant*, remark that no physician ought, without relinquishing his voca-

tion, to despair of the curability of any disease. The point is to undertake to cure any disease on prepayment of substantial fee. We do not care whether the diseases promised to be cured are curable or incurable. For a professional man to undertake and therefore to promise to cure any disease, is to degrade himself to the level of a tradesman, and when he does so on condition of prepayment of money, he takes his plunge in the lowest of depth of quackery.

Dr. McLeod has very justly condemned the interest in the sale of drugs, direct as in the case of owning dispensaries, or vending "specifics," or indirect as in the "advice gratis" or in charging commission on the profits from prescriptions sent to favored dispensaries. And strangely enough, according to his information, which to the shame and disgrace of the profession is but too true, nearly all the orthodox practitioners, European and native, with the exception of the "leaders," have an interest in the sale of drugs, of either one or more of the above descriptions. According to Dr. McLeod himself there cannot be a greater blot in orthodox practice, a worse spirit of quackery, than this. And still, is it not amusing that the writer, who, from two instances of quackery met with among practitioners of homœopathy, fastened quacking on the system itself as its inseparable element, fails to see that before the same logic orthodoxy, or Rational Medicine, would stand condemned as the most stupendous system of quackery. With the advance of homœopathy the interest in the sale of drugs would be reduced to its legitimate minimum, and the craze for "specifics" would cease altogether, as being opposed to the very genius and spirit of the system. Indeed, it was the apprehension of this minimization of the interest in the sale of drugs which roused the apothecaries to wage a relentless war against Hahnemann, and it is this same interest which incites many a practitioner to waging the same war against homœopathy in the present day.

Dr. McLeod has scornfully mentioned cheapness of its medicines as one of the recommendations of homœopathy. Is this a small recommendation, especially in the light of what he has said about the interest in the sale of drugs? Is it not notorious that the apothecary's bill far exceeds the doctor's? Great outcries are made from time to time about the expenditure on medicines in our dispensaries and hospitals. On public grounds these outcries are not unjustifiable, but on the ground of the good of patients they are simply cruel. Let homœopathy be adopted, and never will occasion arise for such outcries.

## TREATMENT OF DISEASES OF THE SKIN.

(Translated from the French of Dr. P. Jousset, in *L'Art Medical*).

*Sulphur* and *Arsenic* are the two principal medicaments for diseases of the skin. But the treatment of each cutaneous affection presents indications so different that it is not possible, from a practical point of view, to lay down a general treatment for diseases of the skin. We pass therefore to the treatment of each of the affections which compose this grand malady.

## A. ERYTHEMA.

We would study the treatment of *erythema simplex*, of *intertrigo* of *chilblains*, of *erythema nodosum*.

I.—*Erythema Simplex*.—*Coup de soleil* is the type of simple erythema. The medicaments indicated are *belladonna*, *rhus toxicodendron*, *arnica* and *mercurius*.

(a) *Belladonna* is the medicament for *coup de soleil* when it has its seat in the face and the head, and when it is complicated with fever, cephalalgia, delirium and vomiting. The 6th dil. generally suffices.

(b) *Rhus toxicodendron* has been recommended by Teste as the principal medicament for the erythema of *coup de soleil*, for *chilblains*. We must not forget that the development of vesicles and bullæ constitute the characteristic of the inflammation produced by Sumach (*rhus tox.*) This medicament is therefore not suitable in the same degree as *belladonna* and *arnica* in the treatment of simple erythema.

(c) *Arnica*.—This medicament produces superficial inflammation of the skin. It is therefore one of the medicaments of erythema. It is suitable when the reddened skin is hard and shining. The same dilution as that of *belladonna*.

(d) *Mercurius*.—Applied to the skin mercury produces an erythema which has for its characteristic a miliary eruption small and extremely abundant.

To resume: *Belladonna* and *arnica* are the two medicines for simple erythema and shining erythema respectively; *rhus tox.* ought to be preferred when there is production of vesicles and bullæ, and *mercurius* when the erythema is accompanied by a miliary eruption.

II.—*Intertrigo*.—We so name the erythema produced either by the irritant action of excreta, or by the friction of the parts



in contact. This affection is developed chiefly in infants, but adults also suffer from it between the thighs and in the armpits.

*Chamomilla*, *mercurius* and *lycopodium* are the three principal medicines.

(a) *Chamomilla* is the classical medicine for intertrigo in infants, especially if the skin is excoriated.

(b) *Mercurius* is suitable after *chamomilla*; it is indicated when the affection is a general one, so that the infant looks as if flayed. If the erythema is complicated with miliary eruption, *mercurius* will be indicated by preference. The doses are the 3rd to the 6th dilution.

(c) *Lycopodium* is employed externally for the treatment of intertrigo; internally and in high dilution it is suitable in rebellious cases; but the hygienic management is here extremely important. Repeated lotions of lukewarm water, baths and powders of *lycopodium* and starch, and in very painful cases the application of a pulp made with water and flour, render very great service and rapidly soothe the patients; the cataplasm of the starch of potatoe, or of that of rice, is very efficacious; but neither the cataplasms of linseed nor that made with milk is of any use.

*Chilblains*.—This unimportant affection, always very painful, constitutes, when it arrives at ulceration, a state of certain gravity by the impediment it offers to the functions of the feet and of the hands. It is a disease of infancy and of feeble constitutions. The scrofulous are all liable to have chilblains.

The principal medicaments are *cantharis*, *nitric acid*, *rhys tox.*, *agaricus*, and *sulphur*.

(a) *Cantharis* has been recommended internally and externally by Jahr. For internal use he prescribes the 12th dil., and for external use lotions with some drops of the 3rd dilution in lukewarm water.

(b) *Nitric acid*. This medicament has the production of chilblains in its pathogenesis. It has been often employed with success in the same doses as *cantharis*.

(c) *Rhus tox.*—Teste regards this medicament as a specific in chilblains, and he prescribes from the 12th to the 15th dilution twice a day. He regards the external application as useless.

(d) *Agaricus muscarius*.—This medicament produces a burn-

ing pruritus with redness as after congelation of the ears, nose, fingers and toes. It is therefore perfectly homœopathic in the treatment of chilblains which have not ulcerated. This medicament is generally recommended internally and externally by homœopathic physicians.

(e) *Sulphur* is indicated in cases of ulcerating chilblains.

Physicians ought above all to endeavour to arrest the development of chilblains. For this purpose, notwithstanding what Teste says of it, external medication is very precious. We are accustomed to prescribe unctions made each evening with a mixture of glycerine and perchloride of iron in the proportion of 50 centigrammes of the latter to 50 grammes of the former. If, notwithstanding this treatment, the chilblains are developed, or, if we are consulted after they are developed, the application of collodion may still render service. In short, ulcerated chilblains are washed with ioduretted water and dressed with a pommade composed of cold cream and hydrate of chloral in the proportion of one or two hundredths.

III. *Erythema nodosum*.—This erythema is often connected with arthritis. It may be accompanied with sore throat and a marked febrile movement.

*Belladonna*, *apis mellifica*, *antimonium crudum*, and *chininum sulphuricum* are the four principal medicines for erythema nodosum.

(a) *Belladonna* is indicated quite in the beginning by the sore throat and the febrile movement.

(b) *Apis* responds to burning nodosities seated at the level of the articulations, to articular pains, and to the fever. This medicament is more particularly indicated when the patches of erythema are very prominent, very red and very burning. The tendency to syncope is a further indication of this medicine.

(c) *Antimonium Crudum* responds to the same symptoms as *apis*, but it ought to be preferred when the tongue is foul, when there exist nausea, vomiting and a tendency to diarrhœa.

(d) *Chininum sulphuricum* is suitable when the patches are less prominent, when the arthritis is more pronounced, and especially when the morbid process is intermittent.

The lower dilutions of these four medicines are indicated by preference.

## B. URTICARIA.

This malady presents itself under two forms : *febrile urticaria* (or urticarial fever), and *chronic urticaria*.

I. *Febrile urticaria*.—A great many medicines have been extolled in this disease; and their success is more often due to the fact that the febrile urticaria frequently terminates in cure in a few days.

*Apis mellifica*, *camphora*, *urtica urens*, *astacus fluviatilis*, and *chininum sulphuricum* will suffice to fulfil all the indications.

(a) *Apis* is indicated in the beginning by the fever with anxiety, tendency to syncope, vomiting and diarrhœa.

(b) *Camphora* ought to replace *apis* if the tendency to syncope, coldness, feebleness of the pulse and anxiety resist the action of the latter, or if from the very beginning the symptoms present themselves in very great intensity. *Camphor* is prescribed in tincture in doses of one drop in sugar every half hour.

(c) *Chininum sulphuricum* is indicated when the febrile movement is distinctly intermittent.

(d, e) *Urtica urens* and *astacus fluviatilis* are suitable when there is no febrile movement; or better, when the fever has ceased. They are indicated by large patches which are very itching. The doses generally employed are the low dilutions.

II.—*Chronic Urticaria*.—*Arsenicum*, *antimonium crudum*, *anacardium*, *lycopodium* and *chloral* are the principal medicaments.

(a) *Arsenicum*.—This is the grand medicine in rebellious cases, when the patches are enormous, with nocturnal aggravations. Dose, first triturations.

(b) *Antimonium crudum* is indicated by the state of the digestive functions, loss of appetite, nausea, tendency to diarrhœa. The eruption is very prominent, the pruritus is aggravated in the evening and hinders sleep. Dose same as that of *arsenicum*.

(c) *Anacardium* is indicated, according to Richard Hughes, in urticaria tuberosa when the cause is emotive. Dose, from the 6th to the 12th dilution.

(d) *Lycopodium* has given me some success in very rebellious cases. I have no other indications than that the pruritus comes on in the evening in bed, forcing one to scratch which causes the patches of urticaria to appear and which disappear after that. Dose, 30th dilution.

(e) *Chloral*.—This medicament is recommended by the English School in very rebellious cases. Richard Hughes recommends it very much. They give it in doses of some centigrammes.

### C. HERPES.

When this affection comes on as a critical phenomenon of synochal or ephemeral fever, it is necessary to know that it will get well of itself. *Rhus toxicodendron*, *croton tiglium*, *mercurius*, *arsenicum*, and *hepar sulphuris* are the medicaments of this affection.

(a) *Rhus tox.* is the principal medicament of herpes; its pathogenesis offers a very exact image of this affection, and the practice of the generality of homœopathic physicians has confirmed, long since, its efficacy. It should be prescribed in the 3rd dilution.

(b) *Croton tig.* is rather appropriate in the very inflammatory form of herpes preputialis.

(c) *Mercurius* is, according to Richard Hughes, the best medicine in herpes of the prepuce.

(d) *Arsenicum* is the medicament of chronic herpes. It constitutes the best treatment of constitutional herpes of the prepuce which comes on at irregular periods in some persons, and is sometimes confounded with soft chancre. The 6th dilution repeated twice a day for eight days, is the mode of administration which is convenient in such cases. If the affection has the habit of appearing often, it will be well to use the *arsenicum* every month to prevent the relapses and effect a radical cure.

(e) Bahr recommends *hepar sulphuris* in analogous cases.

### D. ZONA.

When the zona is not accompanied by pain and when it is constituted uniquely by an eruption of vesicles of herpes, the treatment is the same that we have indicated in the preceding paragraphs. *Rhus* is the principal medicament; but when the zona is accompanied with atrocious neuralgias which precede accompany and follow the eruption it will be necessary to have recourse to other medicaments. *Arsenicum*, *causticum*, *ranunculus bulbosus*, *mezereon*, and *dolichos* are the principal.

(a) *Arsenicum* is indicated when the pains are burning, when they are accompanied with anguish, and when they are very severe

at night. This medicament has been recommended by all the schools. Dose, from the 6th to the 30th dil.

(b) *Causticum* is suitable when the pain is at the same time itching and burning. Dose, from the 3rd to the 6th dil.

(c) *Ranunculus bulbosus* is suitable to the pains and to the eruption. The pains of *ranunculus* are aggravated by the least contact, by movement, and by stretching the body. Dose, from the 3rd to the 6th dil.

(d) *Mezereon* is indicated, by Bæhr, as the principal medicine in zona; it is suitable for neuralgias which succeed the eruption.

(e) *Dolichos*.—This medicament has been found useful in analogous cases.

We refer to the treatment of neuralgias, in particular, to intercostal, crural, brachial, suborbital neuralgias, for the treatment of inveterate neuralgias which sometimes follow zona.

## E. ECZEMA.

Eczema, the humid herpes of the ancients, is an affection very rebellious and very frequent, which manifests itself in the scrofulous, the gouty, and the herpetic. From the point of view of treatment we will establish the following subdivisions: *Eczema simplex* or eczema properly so called, which is peculiar to the herpetic and the gouty; and *eczema impetigenodes* which we observe especially in the scrofulous. Lastly, we distinguish in these two forms a period of inflammation and a period of disquamation, or of crusting, scurfing.

I. *Eczema properly so called or vesicular eczema*.—1° Inflammatory period.—This period, which may last months, is characterized by an eruption on a red and inflamed base, by considerable itching, and by an extremely abundant oozing. In its most intense manifestation this form of eczema is accompanied with fever, and resembles erysipelas. The principal medicaments are *chininum sulphuricum*, *rhus*, *cantharis*, *mezereon*, and *plumbago*.

(a) *Chininum sulphuricum* is indicated in the treatment of the inflammatory period, when this affection, by its violence, approaches erysipelas. It is then the medicament of *eczema pseudo-exanthematique*. I have cured with this medicament an acute general eczema. It is necessary to give the first trituration or five to six-centigrammes of the substance in 24 hours.

*China*, which succeeds so well in mother tincture in the treatment of erysipelas, may be prescribed in the place of *chininum sulphuricum*, if the indications of the latter have miscarried.

(b) *Rhus*.—*Rhus toxicodendron* is, in homœopathy, a classical medicine in inflammatory eczema. Dr. Cretin has substituted, with advantage for this medicament, a plant of the same family, *rhus vernix*.

*Rhus* is indicated whenever the cutaneous inflammation is so intense as to resemble erysipelas. The indication of *Rhus* is precisionized by the following symptoms:—eruption of vesicles upon the skin which is red, painful and swollen, intense pruritus followed by violent smarting when the patient scratches the affected parts. It is generally prescribed in the low dilutions. Dr. Cretin administers up to 20 drops of the mother tincture of *rhus vernix*. This practice has no inconvenience and has often been followed by success.

(c) *Cantharis* responds to the same cases as *rhus*, and it is difficult to give the characters which differentiate the two medicaments. Nevertheless when the smarting predominates over the itching and when the diseased surface resembles a blister, *cantharis* ought to be preferred to *rhus*. I have always employed the 6th to the 12th dilutions.

(d) *Mezereon* has been less often employed in the treatment of eczema than the preceding medicaments. Nevertheless its physiological action, such as one notices not only in Hahnemann but also in Cazin, is very analogous to that of *rhus* and *cantharis*. The characteristic of this medicament is an *intolerable itching* and an *extremely abundant oozing of fluid*. This medicament is perfectly indicated in true eczema at its period of inflammation. Experience will show which is the most suitable dose.

(e) *Plumbago*.—This medicament has been advised by Dr. Fredault. Employed in the treatment of the itch it has sometimes produced a general vesicular eruption. A young girl, who had abused it, became so to say as if flayed alive.

*Plumbago* is, in general, reserved for the treatment of eczema of the hands which is known by the name of grocer's itch.

(f) *Sepia*.—The pathogenesis of this medicament comprehends: itching with vesicles on a red base on all parts of the body, face, eyelids, hands, feet, armpits, vulva, arms, ears, hairy

scalp. It is thus indicated in the inflammatory period of general vesicular eczema. Nevertheless, more than the preceding medicaments, *sepia* responds to the secretion of a puriform fluid with soft crusts. Further it is the medicament of the scrofulous. It will then be indicated by preference in cases of eczema, which, with vesicles and a very marked inflammation of the skin, present at the same time some pustules of impetigo.

It is, in a word, the medicament of mixed eczema which has at the same time the characters of the vesicular and impetiginous varieties. Dose, first decimal triturations.

2° *Period of dry desquamation in scales.*—*Arsenic* and *graphites* are the two medicaments of this period.

(a) *Arsenicum* is, according to all schools, the principal medicament of diseases of the skin, and in particular of eczema. The pathogenesis of Hahnemann explains and perfectly justifies the therapeutic action of *arsenic*. For us, it is especially a medicament for the period of desquamation of chronic eczema; it is indicated by dry scales and by burning itching. It ought to be prescribed after the other medicaments of the preceding paragraph. If it is prescribed too soon, it brings back the inflammatory eruptions, and is more injurious than useful. It ought to be continued for a long time to prevent as much as possible the relapses of the disease. All doses have been employed in homœopathy; all have given success. Nevertheless I believe that the lower triturations have a more certain therapeutic action.

(b) *Graphites* ought to be preferred to *arsenic* when the eczema is localized, the eczema of the ears for example, and that of the hands when accompanied by rhagades, and by the flow of glutinous fluid.

The 6th to the 12th dilutions are generally employed. Bæhr employed *graphites* from the 4th to the 6th decimal trituration.

II.—Eczema impetiginodes. *The first or inflammatory period.*—*Dulcamara* and *viola tricolor* are the two principal medicaments. *Antimonium crudum* and *sepia* are also indicated.

(a, b) *Dulcamara* and *viola tricolor* contain in their pathogenesis the production of pustules and swelling of glands. Both have been employed traditionally in the treatment of scrofula and humid herpes.

*Viola tricolor* is more especially applicable to the treatment of impetigo of the hairy scalp and of the face, which occurs in infants, and which is improperly called *crusta lactea*. Richard Hughes, among homœopathic physicians, affirms that he has never had the necessity of any other medicament in *crusta lactea*, and that he has administered it with success in the impetigo of adults. It serves in the 6th dil. in the first, and in the 1st decimal in the second class of cases. I am in the habit of alternating *dulcamara* and *viola tricolor* in the 3rd trituration in the treatment of impetigo.

(c) *Antimonium crudum*. As remarked by Richard Hughes antimony is the grand medicament for pustules; *antimonium crudum* is therefore indicated in chronic impetigo. Impetigo of the face with yellow crusts like that of honey, burning pains, painful cracks at the commissures, indicate *antimonium crudum*. Dose, 1st trit.

(d) *Kali bichromicum* is indicated in analogous cases, and recommended as very efficacious by Richard Hughes.

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### Acknowledgment.

*Report on the Calcutta Medical Institutions.* For the year 1881.

By A. J. Payne, M. D., Surgeon-General for Bengal.

*Administration Report on the Jails of Bengal.* For the year 1881.

By A. S. Lethbridge, M.D., Inspector-General of Jails, Bengal.

*The American Homœopath.* Edited by Charles E. Blumenthal, M. D., LL. D. Vol. viii. No. viii. Aug. 1882.

*The Medical Counselor.* Edited by H. R. Arndt, M. D. Nos. for May, June, July, and Aug. 1, 1882.

*The New England Medical Gazette.* Vol. xvii. No. 8. Aug. 1882.

*The Medical Call.* Edited by W. D. Foster, M. D. and O. H. Crandall, M. D. July 1882.



## EDITOR'S NOTES.

## EFFECT OF AN OVERDOSE OF PODOPHYLLIN.

The following case of poisoning by *Podophyllin* reported by Prof. D. W. Prentiss in the *Philadelphia Medical Times*, besides being interesting as a contribution to the pathogenesis of *Podophyllin*, is illustrative of the folly and danger of domestic physicking, especially with heroic doses of heroic drugs :—

Mrs. H., aged about 45 years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking *podophyllin* for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon (about 10 grs.), mixed it with a little water, and swallowed it. The dose was taken April 9, at 5 p. m.

At 7 p. m. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 p. m., feeling very badly, went to bed. The pain had ceased ; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not ; then came a fearful pain in the occiput, as "though the head was being split open. This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8.30 o'clock vomiting began,—first the contents of the stomach, then thin, bitter, dark-green fluid,—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8.30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved,—first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at one o'clock in the night,—eight hours after the *podophyllin* had been taken,—when I found the patient in a state bordering on collapse ; features pinched, extremities cold, pulse very feeble.

It is remarkable in this case that there should have been so little pain in the stomach and bowels. This was almost entirely absent, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired ; the eye-sight and pupils were unaffected ; no involuntary discharges.

Mrs. H., kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness.

## A CASE OF ACCIDENTAL POISONING BY STRAMONIUM.

Dr. H. E. Beebe reports the following case of poisoning by *Stramonium* in the *Medical Advance* (Cincinnati) for February last :—

I was called in haste, September 26th, 7 P. M., to see Edna B., æt. three years. Parents said she had acted strangely for two or three hours, and was growing worse. They feared, from her symptoms, that she was paralyzed, although she was delirious. The right side seemed affected, as she was unable to stand and would reel and fall to the right; wild delirium, eyes glistened, pupils dilated, partially insensible to light; face red and bloated. She caught at things in the air and picked at the bed clothes. Her knees gave way and she acted like one intoxicated; difficult deglutition, almost went into spasms when given water. The sight of it seemed to disturb her. Pulse somewhat accelerated and inclined to intermit. She would sing, whistle, and imitate a band of music by blowing in her hands. The next moment she would scream and be frightened, afraid she would fall. I thought the child intoxicated. This not being the case, I inquired if the child had not been in the yard and eaten the berries from Nightshade, as the symptoms resembled so nearly *Belladonna*. This reminded the mother that in the afternoon she, with her sister, one and a half years older, were in the back yard eating dried *Stramonium* seeds. This was the key. I now administered an emetic, and she threw up a quantity of the seeds. I followed this with sour *Lemonade* and *Belladonna* as an antidote. During the night she was very stupid, with occasional restless spells for only a short time, breathing stertorous, body and limbs rigid, great opisthotonos, so much so that she could not bend the neck to drink. Bowels tympanitic, symptom of convulsions several times during the night. Very little change until after large watery stool next morning. The urine was high colored and passed with difficulty.

During this and the next day the symptoms gradually subsided, yet she has not been as well since as before. She is restless at night, peevish and fretful. Inclined to fever. Subject to diarrhœa ever since. All of which is attributed to the poison.

The other child we observed no symptoms except a flushed face, with pupils slightly dilated, and inclined to be quite nervous for several hours. She probably had eaten fewer of the seeds. We gave her *Belladonna*, omitting the emetic, as she had so few symptoms of the poison. This case, you will observe, confirmed a number of the prominent pathogenetic symptoms of *Stramonium*.

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MORPHIOMANIA.

THE NEW HORROR BORN INTO THE WORLD WITH THE HYPODERMIC SYRINGE.—*The Medical Advance* for April takes from London Truth the following :—When physicians discovered that pain could be subdued by inserting under the skin a small pointed instrument provided with a tube containing *Morphia*, they little thought they were paving

the way for a new vice. Yet so it was. There are, in our merrie England, beings who are as wholly under the domination of *Morphia*, as ever was Chinese under that of *Opium*. Women have yielded by degrees to its fatal fascination, until at last they prick the skin a dozen times a day with the tiny syringe that has such terrible results. The operation is almost painless; the immediate effects pleasant. A delicious languor supervenes. Happy thoughts and bright imaginations fill the mind. Some see beautiful visions; others feel only a pervading sensation of comfort and well-being. On a few the effect of *Morphia* is to excite to some intellectual effort, if effort that can be called which is pure delight, a glorious feeling of untrammelled power, of uncrippled exercise of the highest faculties. It is as though the mind had suddenly developed wings. But at the very height of the enchantment the influence of *Morphia* begins to subside. The glory fades. The wings trail, and the feet that are their sorry substitute, become weighted as with lead. As with the workers, so with the dreamers. The visions are obscured. The sensation of comfort gives place to one of discomfort, irritation, even pain. The mental vision which had just now looked through a rosy mist sees all things as through a crape veil or a November fog. Can it be wondered at that the dose is renewed, that the poison is absorbed again and again, that the intervals become shorter between the reign of the potent drug? And the end? The punishment is terrible indeed. By degrees the mind becomes darkened. Hideous hallucinations seize upon it. Self-control is lost. Imbecility overtakes the weak. Madness threatens the strong. These are the personal consequences. There are others to be bequeathed to sons and daughters, and to later generations. These can be guessed at. The new vice has not reigned sufficiently long for the world to have seen them exemplified, but a dark array of possibilities suggests itself but too readily. The heritage of insanity, of inebriety, of imbecility, will in future be traced back to those tiny tubes which hold but a drop or two, and to which men once looked as to a blessed means of relieving pain, forgetting that blessings and curses go hand in hand in a crooked world. Dipsomania has now a powerful rival, speedier in its results than its own revolting process, and eventually as degrading. The name of the later born sister fiend is morphiomania.

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#### POLYPUS OF THE EAR CURED BY MEDICINE.

Dr. Burnett has reported the following case of cure of polypus of the ear in his Journal, the *Homoeopathic World*, for August:—

On November 18th, 1880, a gentleman accompanied his wife to me to show me her ear, and to advise about her state generally. She had become alarmed at the growth of a polypus in her right ear, and had consulted a surgeon in their neighbourhood, and this gentleman had given his opinion that the polypus would have to be excised. He used the word *operate*, and that frightened the lady. The surgeon

repeatedly expressed his anxiety about this polypus, and insisted that it ought to be cut out, as "nothing" else could "cure" it. How much older will the world get before it knows the meaning of "curing"?

Patient had had a running from the right ear for many years. This otorrhœa was worse whenever she ran down in health, and the discharge soiled the pillow-case a good deal. On the floor of the meatus one saw a polypus of the size of half a marble, and the sequel showed that there were two or three smaller ones around it. Had been "to half a dozen doctors for her constipation," but in vain. Had severe leucorrhœa.

R. Tc. *Hydrastis Canadensis* lx, five drops in water three times a day.

February 22, 1881. She was not materially better. R. *Tellurium* 6, one drop in water night and morning.

I will not be wearisome by giving a needlessly wordy report, but I may say that the *Tellurium* 6 was continued for several months, and resulted in curing first the leucorrhœa and constipation, and then the otorrhœa, but the polypus did not go; it certainly did wither a little, and it went smaller, but it was still very visible when the meatus was dilated. After the *Tellurium* several other medicines were given, but the polypus persisted in its modified state, and even grew a little once or twice after a cold.

Finally, in August, I prescribed *Thuja* 30 in infrequent doses; four spread over four weeks, each dose consisting of two drops on sugar-of-milk.

My story ends here, for on September 24th the withered-up polypus fell out of the ear. On September 26th I saw the patient, and could find no polypus, though there were still the traces of it.

Patient is now in excellent health, and her ear is well both of the running and of the polypus.

Without Hahnemann's Homœopathy I could not have cured this case, still I must not confess to being a homœopath, although, outside of Homœopathy, I know of nothing that could have cured it. The polypus was a sycotic manifestation, and the minimum dose of *Thuja* cured it. *Hydrastis* did a little good below the midriff; *Tellurium* cured the otorrhœa, and constipation. Shades of Carrol Dunham, tell us *why*? But the polypus would not depart sans antisycotic.

## CLINICAL RECORD.

*A Case of Malarious Fever, Jaundice and Diarrhœa.*

REPORTED BY BABU JADU NATH MOOKERJEE.

Shuniti, æt. two years and a half, of respectable parents, is delicate from birth, subject to alternate diarrhœa and constipation.

*Previous History:* Suffered for a couple of months at birth from dysentery after taking a dose of castor-oil; when 6 months old, she caught cold and suffered from whooping cough for a long time. She kept well for a time after this until she reached the age of 2 years, when she had diarrhœa again which proved so obstinate that the parents were obliged to give a change to a healthy place; this was in Paush last or the latter end of December 1881. The change proved beneficial; the diarrhœa was stopped and she rallied a little for a while.

While on a boat trip latterly with her parents the child caught fever, after exposure to chilly air while bathing. This at last terminated in jaundice with enlargement of spleen and liver. She was brought down to Calcutta in haste and was placed under the treatment of their family physician, an allopath.

She did well for sometime under the treatment, so much so that the liver and spleen became normal in their size, and the fever and jaundice also decreased to a large extent. Suddenly, on the night of the 12th or 11th Feb. last, the fever became increased and on the following day she had a sharp attack of diarrhœa which almost brought her to the verge of death.

During the present attack she was at first treated with Dover's powder and Bismuth; then she had Gallic Acid mixture with stimulants such as Port-wine or Brandy from time to time. There being no alarming symptom for a day or two the above treatment was pursued until the night of the 15th Feb. when suddenly the child grew worse probably through bad dieting, and the stools became serous, profuse and exhausting. In the morning the family doctor was sent for, who came and told the parents that there was little chance of her recovery under the old system and they had better try some other mode of treatment. It was at this critical moment that I was called in. I saw her at 10 A. M. on the 16th Feb. and found her in the following condition:—stupor with half shut eyes, eye-balls sunk in, body cold, forehead covered with cold clammy sweat, pulse barely perceptible at the wrist, extreme emaciation, abdominal walls touching the spine, skin dry and harsh, constant passing of greenish stools almost involuntarily, with moaning and desire for water, no nausea or vomiting, no urine since she became worse at night.

I almost hesitated to take up the case in my hands for fear of bringing unmerited discredit upon homœopathy, and I was compelled against my wish to prescribe. I gave her a dose of *Ars.* 30 in water at 11 A. M. immediately after a stool.

11½ A. M. Had 2 more stools rather profuse, after the 1st dose of medicine. Repeat medicine; omit all food except barley water.

12 M. Pulse better, rather full and feverish; continue medicine after each stool.

4½ P. M. Had 3 more stools during my absence from 12 M. up to time and taken 3 doses of *Ars.* 30. Has been sleeping off and on since she got fever. Dr. Sircar, who came to see the child with me ordered to stop *Ars.* for the present and to give *Cham.* if the fretfulness, which has become a marked symptom, would continue.

6½ P. M. Had another stool just now after a long interval, quantity rather profuse, and passed urine too.

8 P. M. Another stool about this time with gripes which made her cry very much. *Cham.* 12, one dose.

9 P. M. One more stool at this hour. Character and quantity same. Pulse becoming weak again, *Ars.* 30 was resumed.

2 A. M. Had a stool at 10 P. M., and again just now, pulse fair, patient irritable, does not allow to feel her pulse even, no urine since

6½ P. M. Repeat medicine.

17th. Morning, 6 A. M. One stool just now, consisting of greenish mucus and serum. Straining after the evacuation; patient very cross, no urine. Repeat medicine.

2 P. M. Has had neither stool nor urine since morning when she is said to have passed a few drops. Took a dose of *Merc. sol.* at about 11 A. M., no medicine since then; ordered *Canth.* 6.

6 P. M. No urine yet, abdomen tympanitic. Had 3 doses of *Canth.* without effect; ordered *Nux v.* 30, and fomentations externally.

8½. Had slept after the fomentation. One stool just now, which is more consistent although greenish, and made water freely, with immediate relief of the tympanites. Dr. Sircar called about this time, and as the patient had passed both stool and urine, he advised to stop all medicine.

12 P. M. Midnight. Had another stool at about this time with profuse urination after which she took her food which was barley water, sweetened with a little sugar. *Puls.* 6.

18th Morning 6 A. M. No stool since she took the dose of *Puls.*, had slept quietly. A stool just now, which is more consistent and yellowish, erythematous blush on the left cheek, no fever.

1 P. M. Had one more stool after 11 A. M., consisting of greenish mucus, mixed with fecal matter, but no urine with the stool. Erythema less marked, took her food with more relish and avidity. Had 2 doses of *Puls.* up to time. Ulcers on the mucous surface of the lower lip.

6 P. M. Made water just now rather profusely. Skin cool, no stool since last report; omit medicine.

19th. 12½ P. M. Had altogether 3 stools during the night before, the last two of which were pretty consistent and formed, no urine from 4 A. M. up to time; patient still very cross, erythematous patch fading away. Ulcers in the mouth and lips giving her much trouble, disinclination for food. *Bell.* 30.

3 P. M. Passed water and then a stool just now, after an interval

of 12 hours. To have a dose of *Bell* at 4 p. m.

20th. Morning, 10 A. M. Had 4 more stools during the night and one this morning, made water also with the stools, which were not very consistent, does not take to her bottle properly owing to pain in the mouth from sores. Ordered *Merc. s.* 6.

21st. Kept well during the previous day but at night she had 3 to 4 stools, consistent and yellowish, ulcers in the mouth better, pulse rather feverish, throws up milk when she is fed by the spoon, not when fed from the bottle, the blush on the left cheek still perceptible with some swelling below the lower eyelid on the same side.

21st. Urine more free at night than in the day, ulcers no better. *Bor.* 6.

Evening. Has been feverish throughout the day, although she perspired now and then, the sweat most marked on the face and head, had one stool at 5½ p. m.

22nd. Morning. Had 5 stools during night from 8½ p. m. until morning. Skin dry, pulse quick, abdomen tympanitic, ulcers in the mouth same, difficulty in sucking from the bottle, feverish and irritable as before. To have a dose of *Sulph.* 30 now, to be followed by *Chin.* 30 after 3 hours.

Evening: tympanites less, but the fever continues; omit medicine.

23rd. Morning. Had 3 stools during night, after which she felt better, fever off, ulcers in the mouth same. Continue *Chin.* 30.

Evening. Abdomen tympanitic again, took very little nourishment during the day. *Sulph.* 30. To be followed by *Calc. c.* 30.

24th. Morning. Is doing well since she had stools at night, after which she had a dose of *Sulph.* and then at 5 A. M. *Calc. c.* Urine generally suppressed during the day. No fever, ulcers in the mouth looking better. Ordered some weak broth in the morning, and a dose of *Sulphur* 30.

25th. Has had no stool since night before last, but made water from time to time in its stead. Took a dose of *Sulph.* in the morning; ulcers in the mouth again worse. *Kali Chlor.* 3.

26th. Ulcers decidedly better, stools better. Cont. *Kali chloricum* as before; *Cham.* 6 at night for her sleeplessness.

28th. Has improved a good deal. Omit all medicine.

March 2nd. Evening. Has got fever since morning with loose motions, constant hankering after food. *Aco.* 6.

4th. Still somewhat feverish, motions whitish and loose. *Calc. c.* 30.

6th. No fever, bowels good, continue *Calc. c.*

9th. Has been getting loose stools since yesterday again, and feels rather weak, much hankering after food, stools greenish, yellowish and fetid, spleen continues enlarged. *Chin.* 30.

14th. She is getting on nicely, since I saw her last. *Chin.* once or twice a day according to number of stools.

20th. Decidedly better; has gained in flesh. Has been getting *Chin.* off and on. The spleen has become reduced to its natural size.

## CASES FROM THE EDITOR'S CLINIC.

1.—*A Case of Ulcerating Epithelioma over the Left Heel  
cured by Hydrastis.*

Babu K. C. B., aged 24, by profession a teacher, came to the Outdoor Dispensary on the 31st March 1879 for treatment of an ulcer on the left heel.

Patient stated that while walking in his class he accidentally struck his left heel against a bench, which caused some pain in the part at the time. In the evening he observed a slight swelling of the heel. The pain disappeared in about two days, but the swelling continued, and gradually began to increase. At the end of about 5 months the swelling, which was soft and fluctuating, projected about  $\frac{1}{2}$  in. from the heel. A medical man supposing it was an abscess advised him to puncture it himself with a needle, which he did, but instead of any pus only blood flowed rather profusely. About a week after this another medical man, making the same mistake, incised it. The consequence was a much greater flow of blood which had to be stopped by ice, pressure and styptics. After this he went to the Medical College Hospital and was admitted in the ward of the First Surgeon. The tumor was pronounced to be a naevus, and treated with astringent lotions, and hypodermic injections of tannic acid. As a result of this treatment the tumor first became hard, and then began to slough. Tired of being tortured in the hospital, he placed himself under the treatment of a homœopathic practitioner. The benefit derived was slight and not permanent. He therefore again had recourse to the treatment of the Surgeon who had treated him in the College Hospital, who this time paid him visits at his house. Strong nitric acid was applied to check the excessive proliferation of the granulating surface. The tendency to bleeding increased, tannic acid injection was again resorted to, which was followed, as before, by sloughing. Then chloride of zinc paste was applied and kept on for three days, which caused more suffering and more sloughing. The diseased part was examined microscopically and found to be epitheliomatous. All thought of cure was now given up, and amputation above the ankle was advised as the only chance of saving life. Thus frightened the patient fled with his life from hospital where he had latterly gone again.

When he came to us we found the whole of the left heel involved in ulceration. The ulcer was of an oval shape measuring  $3 \times 4$  in. The surface of the ulcer was covered with soft, spongy, proliferating granulations, which were very thick and gave the whole a protuberant appearance. The granulations were not quite painful, but they had a great tendency to bleed, indeed the slightest movement would cause profuse bleeding. The edge of the ulcer, where the diseased and the healthy parts met, was very painful and tender. The vessels at edge and of the surrounding parts were considerably enlarged. The whole part for some distance around was very hot. The sufferings of the patient were worse at noon and from 10 p. m.



to morning. Has been getting fever since 3 days with chilliness, burning of the eyes, but very little thirst. Tendency to mucous stools. A sensation of burning within the body which caused a desire for cooling things.

*Treatment*: For the tendency to profuse bleeding we gave him *Ham.* 6, which was continued till the 20th April. The tendency to bleeding was considerably diminished, but there was not much improvement in the ulcer itself. The discharge continued as before, there was no sign of commencement of healing.

On the 21st April we gave him *Hydras.* 3, and continued it for three days, but finding no improvement we changed the dilution to the 2nd, which we continued for three days with no better result. We kept him without medicine to the 9th May. On the 10th *Hydras.* 5 was given. In the course of a day or two, the discharge became less, and from this time forth improvement was steady, the healing advancing from the circumference. By the 5th Oct. the ulcer had completely healed.

The only local application used was warm ghee or clarified cow's butter. The patient was kept throughout the treatment entirely on vegetable diet, fish and meat having been strictly forbidden.

We see the patient now and again. He is hale and hearty. The cicatrix over the heel is firm and rather hard, being more corneous than skinny.

2.—*A Case of Malarious Fever in a child, with urination during chill, benefited by Cedron.*

Surendra, aged 4, has been suffering off and on since he was 6 months old from malarious fever. Spleen very much enlarged, extending in front to within an inch of the umbilicus, and downwards about 2 in. above the crest of the ilium. Very pale and anæmic. Last attack of fever has commenced since 23rd June. Fever is of the remittent type, aggravation from noon. Motions loose, yellow, 3 or 4 in 24 hours.

29th June. Fever came on a little after noon with slight chills followed by burning heat, and sleep during the first part of the heat. *Aco.* 6, 1 dose. Fever left with perspiration by evening.

30th. No medicine. Fever came on as usual half an hour after noon, lasted the whole night and continued till late in the morning.

1st July. The father of the child reported that both yesterday and day before the child used to pass urine during chill in a half drowsy state. *Cedron* 6, one dose at 11½ A. M. Fever came on at 2 P. M. later than usual by an hour and half, was of less intensity, but lasted the whole night. Max. temp. 103. Did not pass any urine during chill or any other stage of the fever.

2nd. *Cedron* 6 one dose at 7 A. M. and again at 2 P. M. Fever came on at 4½ P. M. Max. temp. 101.

3rd. *Cedron* 6, one dose at 7 A. M. No fever.

4th. No med. No fever. 5th. No med. No fever.

## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 27. ATROPINUM.

**Constipation :**

1. No evacuation for five days, and then only induced artificially.

**Diarrhœa :**

1. Hurried from bed by urgent desire to st., followed by very copious watery st., coming with a gush. This st. relieved the pain in the umbilical region.
2. In the stool, thin fluid seemed to be mixed with urine.
3. St., pappy, painless, of usual color.—Hg.
4. D. alternating with confined bowels.—Hg.

**Amelioration :**

1. Relief of the pain in the umbilical region.

**During St :**

1. Felt badly generally, weak and terribly nervous, with general perspiration.

**Rectum and Anus :**

1. Paralysis of the sphincters of the rectum and bladder. Involuntary fecal discharges.

**General Symptoms :**

1. On lying in bed, began to pick at specks and at the air.
2. Picking at the bed clothes as if searching for something lost with confused mutterings.
3. He recognizes momentarily members of the family ; apparently notices when the door opens, or one is busy about him ; but, when spoken to, often turns his head to the wrong side.
4. Feeling as if the head was screwed up ; walking caused the most severe sticking pains ; relieved towards 11 A. M. and disappeared by evening.
5. Expression of mania.
6. Dryness in the mouth, and especially in the throat, reach such a degree that on attempting to eat a piece of bread and butter he could not swallow it.
7. Every thing tastes salt. Food all tastes alike, like saw-dust. Bitter, coppery taste. Slight sweet taste.
8. Articulation indistinct, rapid and chattering.
9. Swallowing appeared to give pain, manifested by grimaces, and increased spasms of the facial muscles. Each attempt to swallow produces paroxysms of suffocation.
10. Vomiting readily induced by drinking warm fluids.
11. Abd. swollen and tense, but not tympanitic.
12. Incontinence of urine.

**Remarks :** *Atropinum* has been very rarely used in homœopathic practice. In disorders of the alimentary canal its use has been con-

finer to diseases of the stomach. So far as we are aware it has not yet been used in diseases of the intestines. It is likely to be beneficial in diarrhœa, with involuntary discharge of both stool and urine. It has, like the parent plant, paralysis of the sphincters both of the anus and of the bladder, and as might be expected in a much more pronounced form. In **belladonna** there is more often stoppage, than involuntary discharge, of stool and urine. In **atropinum** stoppage of stool and urine has not yet been seen. The opinion of Dr. Caspar of Vienna that **atropinum** has little or no action below the diaphragm is disproved by the fact of the paralysis of the anus and of the bladder being caused by it, and also by the fact of its having been found useful in chronic affections of the stomach, on the recommendation of Dr. Kafka.

## 28. AURUM METALLICUM.

### **Constipation :**

1. Stool very large, passed with difficulty.
2. Very hard, knotty st., every day.
3. Constipation for three days.
4. Looseness and costiveness in alternation.—Hg.
5. Constipation worse during menses, with prolapsus uteri.

### **Diarrhœa :**

1. D. day and night ; green stools.
2. Frequent D., especially at night, with grayish yellow stools.
3. Nightly D., with much burning in the rectum.
4. Unusually copious st., in the evening.
5. Soft st., every morning, with a little pinching.
6. Stools : offensive, painful ; grayish, ashy ; offensive in pregnancy.—Hg.
7. Tensive pressure in the abdomen and lumbar regions, with desire for st.
8. Dull pinching and cutting in the abdomen, then D., and after D. distended abdomen.

### **Aggravation :**

1. Morning : soft st.
2. Evening : copious st.
3. Night : D.

### **Before St :**

1. Twisting pain in the abdomen.
2. Dull pinching and cutting in the abdomen.

### **During St :**

1. Twisting pain in the abdomen.
2. External hæmorrhoids bleed.

### **After St :**

1. Distended abd.

### **Rectum and Anus :**

1. Sharp stitches in the rectum and anus.
2. The border of the anus is painfully swollen.
3. Burning heat and tearing pains at the anus.

4. Heat and dull pain at the perineum.

**General Symptoms :**

1. Disgust for life, suicidal tendency.
2. Despondent melancholy.
3. Peevish and vehement ; the least contradiction excites his wrath.
4. Vertigo, when stooping, as if turning in a circle ; it goes off on raising the head.
5. When walking in the open air, vertigo, as if he were drunk, and would fall to the left side ; he was forced to lie down, but even then for some time the vertigo returned on the slightest motion.
6. The bones of the head pained him on lying down, as if broken, so that all his vital energy seemed affected.
7. Violent boring in right zygomatic process, when walking.
8. Putrid smell from the mouth. Fœtid odor from the mouth, in the evening and at night, unperceived by himself.
9. Bitter taste in the mouth, with sensation of dryness. Putrid taste, between meals.
10. Stinging soreness in the throat, only during deglutition.
11. Repugnance to meat.
12. Desire for spirituous liquors. Great longing for coffee. Burning thirst, desire for cold drinks.
13. Mental labour causes nausea, which affects his whole being.
14. Burning heat and cutting pain in the right hypochondrium.
15. Rumbling in the abdomen. He is much troubled with flatulency ; it becomes incarcerated under the left ribs, with lancinating pain. Emission of much fœtid flatulence.
- 16. Flatulent colic, shortly after the lightest and most moderate meals.
17. Protrusion of an inguinal hernia with great cramp-like pain ; flatus seems to get into the hernia.
18. Burning, stitching, and smarting in the urethra.
19. He passes more urine than corresponds to the quantity he drinks.
20. Dysuria ; constant desire for micturition with scanty but natural urine.
21. Turbid urine, like butter milk, with much sediment of mucus.
22. Pain as from bruises in the head and all the limbs, early in bed, most violent when at rest ; passes off immediately after rising.
23. Swelling of right testicle ; pressive and tensive pain in it, as from contusion.

**Remarks :** We have found **aurum** very useful in constipation with very hard, knotty, or very large stool, passed with difficulty ; especially when accompanied by the peculiar mental symptoms excited by the drug—melancholia and a tendency to commit suicide ; or with poly-uria or even diabetes ; or with a tendency to, or the

actual existence of, inguinal hernia. We have as yet had no experience of it in diarrhœa, in which it is likely to be useful, especially when the stools occur chiefly in the night, and are of green or greyish-yellow color, with or without fœtor. Fœtid odor of the breath is a characteristic symptom of **aurum met.**

## 29. AURUM MURIATICUM.

### **Constipation :**

1. Obstinate costiveness.—Hg.

### **Diarrhœa :**

1. D., especially at night ; greyish-white st.
2. Continued call to st., with much rumbling in the bowels ; in spite of the desire, no satisfactory st.
3. Thin watery st. Thin, frequent st., with burning at anus ; with tenesmus.
4. St., yellow, watery.—Hg.
5. Much flatulence, with colic, and a fluid st.
6. Drawing pain in the small intestines, returning the next day, relieved by fluid evacuations.

### **Aggravation :**

1. At night.
2. After eating.—Hg.

### **During St :**

1. Discharge of blood from hæmorrhoids.

### **Rectum and Anus :**

1. Hæmorrhoids with discharge of blood.
2. Burning at the anus.
3. Tenesmus.
4. Excrescences near the anus, with an abundant serous discharge.—Hg.
5. Anal and intercrural excoriation in a baby.—Hg.
6. Numerous circumanal condylomata, in a scrofulous syphilitic baby.—Hg.
7. Fistula in ano of five months standing, in a young man, of bilious sanguine temperament.—Hg.

### **General Symptoms :**

1. Excessive cheerfulness, carelessness.
2. Disgust for life, inclination to suicide.
3. Vertigo and whirling before the eyes on every motion, with tearing pain over the eyes, aggravated by stooping, relieved in the open air, lasts all day, and only goes off on going to bed at night.
4. Flat taste lasts all day, with great nausea, passing off at night in bed.
5. Nausea and inclination to vomit, mornings fasting, disappears after breakfast. Great nausea and vomiting of the water taken after the gold, with a trace of clear blood.
6. Violent gastritis.
7. Drawing pain in the small intestines, returning the next

- day, relieved by fluid evacuations, eating, drinking, motion, but not by pressure with both hands on the abdomen.
8. Violent constrictive colic obliges her to double up ; lasts three and a half hours, and only goes off in bed.
  9. Distension of the abd. Swelling and inflation of the abd. Much flatus passes in the afternoon.
  10. Burning on urinating ; feeling as if the urine was too hot and acrid.
  11. Scanty urine ; red thick urine, containing sand.
  12. The urine rapidly decomposes. Increase of urea and urates.

**Remarks :** *Aurum muriaticum* has very nearly the symptoms as the *aurum metallicum*. The former is more likely to be useful in diarrhœa than the latter, especially when there are condylomatous excrescences about the anus, or fistula in ano. The muriate of gold being readily decomposed by light, it should always be prepared fresh before using it. It should be remembered that gold and its salts are powerful antidotes of mercury and of the syphilitic poison when it has been maltreated with mercury, and therefore it would be suitable in syphilitico-mercurial patients, especially those who have caries of bone.

*(To be Continued.)*

## Gleanings from Contemporary Literature.

### CLINICAL LECTURE ON THE CONTAGIOUSNESS OF PULMONARY CONSUMPTION.

*Delivered in King's College Hospital,*

By I. BURNET YEO, M. D., F. R. C. P.,

Physician to the Hospital.

GENTLEMEN,—Within the last few weeks, you have had an opportunity of seeing, in the Physiological Laboratory of King's College, specimens of certain micro-organisms, prepared by Koch of Berlin, and described by him as the bacillus of tubercle.\* This organism is believed by him to be the active agent in the origin and spread of tuberculous diseases. You have also had an opportunity of seeing that this micro-organism can be artificially cultivated and successive generations produced, each retaining with undiminished virulence the power of producing tubercle when introduced into the bodies of certain animals.

Now, this demonstration, which you have seen with your own eyes, introduces you to problems in pathology and in practical medicine, the importance of which it is impossible to exaggerate. Never, in the whole of the past history of medical science and of medical discovery, have propositions been advanced of greater import than those which have been advanced and maintained in connection with this discovery.

Let me state to you, in language as clear and simple as I can, what these propositions are.

1. Tubercle is an infective malady, originating in a specific virus, and propagated by the conveyance of that virus from body to body, and originating in no other way.

2. The specific virus of tubercle consists of a particular micro-organism, found only in tubercle; this organism can be seen in the cells of tubercle, can be obtained in a separate form, and cultivated in successive generations, without losing its original properties.

3. Certain forms of disease, termed "scrofulous," are essentially tuberculous; and their characteristic anatomical morbid products contain the infective organism peculiar to tubercle.

4. The disease known as pulmonary consumption is, in the main, a tuberculous disease, and is dependent on the presence and propagation in the body of the infective organism characteristic of tubercle.

5. Pulmonary consumption is a contagious malady.

Of these five propositions, it is claimed for the three first that they rest on demonstration, as I propose to show you; the last two are, more or less, of the nature of inferences from the three preceding; and, in connection with these, may expect to find there will exist some differences of opinion.

The idea, that consumption is a contagious disease, is not a new one. It is a doctrine which has always been maintained in the south of Europe—in Italy, Spain, and Portugal. Galen believed it, Morgagni believed it, and great names in the history of medicine, from their time to ours, may be found both for and against it.

\* Exhibited by Mr. Watson Cheyne and Mr. E. M. Nelson.

Pidoux, in France, who had unusual opportunities of becoming acquainted with the histories of a large number of consumptives, declared that his own experience was directly opposed to this doctrine; and that he had never seen a single case of consumption that he could refer to contagion.

One of the most distinguished physicians of our own times, formerly Professor of Medicine in this College, Sir Thomas Watson, in a course of lectures delivered in that very College where you have recently seen demonstrated the existence of a tubercle-bacillus, thus expresses himself on this subject.

"Is phthisis contagious? No; I verily believe not. A diathesis is not communicable from person to person. Neither can the disease be easily (if at all) generated in a sound constitution. Nor is it ever imparted, in my opinion, even by one scrofulous individual to another."

From my own experience of consumption—and, as I shall show you presently, it has been a very large one—I cannot doubt that this was the judgment of sound common sense at the time it was uttered, and with such evidence as was then, and has been until quite recently, attainable. But it would be unscientific now to tie oneself to this opinion, in the face of such facts as recent researches in experimental pathology have established.

On the other hand, another very eminent physician, a brother of another former Professor of Medicine in this College, Dr. William Budd of Bristol, long ago promulgated the view that pulmonary consumption was a disease "strictly analogous to the ordinary eruptive fevers in everything but the slowness of its progress; that, among European populations, tuberculous disease had undergone mitigation of its original severity by long prevalence; but he entertained no doubt of its eminently contagious character."

We must not be surprised that Dr. Budd's views met with little acceptance at the time. Insight, however penetrating, is not demonstration, and scientific belief rests wholly on demonstration. Then (and even now), the evidence, derived from practical experience, against the contagiousness of consumption, in at all the same sense as small-pox and scarlet fever are contagious, seemed overwhelming; and, if we yield now to the teaching that phthisis is a contagious disease, we shall yield solely to demonstration and experiment. For such evidence as we obtain from the experience of physicians in their practice amongst consumptive patients affords, at most, but a weak presumption; and the facts I shall bring before you certainly show that consumption is by no means contagious in the sense which is ordinarily and popularly attached to that word. But the modern methods of experimental research are, doubtless, destined to widen our conception of "contagion," as they have widened and corrected our conceptions in respect of many other pathological doctrines; and it is quite possible that, under certain given conditions, consumption may be a contagious disease.

During ten years of service in an institution devoted to the treatment of consumption, I saw over 27,000 persons who came to that institution for treatment, and a large proportion of that number were actually suffering from phthisis. Throughout this period, many problems naturally came into my mind as to the nature, the causes, and the treatment of this terrible malady; and, a few years ago, I endeavoured to obtain some data, from this extensive field of observation, as to the contagiousness or non-contagiousness of consumption. I followed the following train of reasoning: if consumption be a contagious or infectious malady, in the same sense and at all in the same degree as other maladies which are known to be contagious, the conveyance of the disease from husband to wife and from wife to husband especially among the poorer classes in this country, ought to be a common and not to a rare occurrence; for, amongst these classes, the husband and wife almost invariably occupy the same bed, and live a life of close personal intimacy. The rooms they occupy are, more frequently than not, over-



crowded, close, and badly ventilated. In short, the external conditions amongst which consumption commonly appears amongst the working classes are precisely those which would favour the dissemination of a contagious malady. If consumption in this country were, under ordinary conditions, a contagious malady, it would follow, so fatal as its course usually is, that, in dealing with large numbers of consumptive patients taken from the poorer classes, we should often find, amongst the males, the survivors of wives who had died of phthisis; and, amongst the females, the widows of men who had succumbed to this malady. That fact must, I think, be clear to everyone. So also we should expect to find husband and wife frequently the victims, together, of this disease. But this is comparatively rare.

For the purpose, then, of throwing some light on this question, I collected, a few years ago, the particulars of 1,055 cases of consumption that had come under my care, consecutively, in the institution to which I have referred. Of this number, 621 were males and 434 females. Of the 621 males, 306 were married, 297 were single, and only 18 were widowers; about 3 per cent. of the whole, and about 6 per cent. of those who had been married. Of the 18 widowers, two only could state positively that they had lost their wives by consumption, and one of these wives had been dead thirteen years; six of them had lost near relatives by consumption (father, mother, brother, or sister), giving a presumption in favour of hereditary predisposition, and in ten no precise information could be obtained. Of the 434 females, 199 were married, 206 were single, and 29 were widows; the widows being about 7 per cent. of the whole, and about 15 per cent. of those who had been married. Of the 29 widows, 5 only were able to state positively that their husbands had died of consumption, one lost her husband "in a fit," 6 had lost near relatives (father, mother, brother, or sister) by phthisis, pointing to hereditary predisposition, and 17 could give no precise information.

At the same time that I was collecting these particulars from my out-patients, Mr. J. P. Bartlett, at that time acting resident medical officer, was good enough to obtain the following particulars from those who were then in-patients. Of the 94 males in the hospital with phthisis, 53 were married, 37 were single, and 4 were widowers; of these 4, 2 had lost their wives by consumption. Of the 53 whose wives were alive, all the wives except two were quite healthy. Of the 83 females who were then in the hospital with consumption, 62 were single, 15 married, and 6 widows; of the 6 widows, 3 had lost their husbands by consumption; in 2 of the 3 there was marked hereditary predisposition; and in 1 there was none; in the remaining cases the husbands were healthy.

Taking these figures for what they are worth, it seems certain that the communication of consumption from wife to husband, even among the class in which the conditions of life favour to the utmost the communication of contagious disease, is very rare; while it would seem that communication (assuming, for the sake of argument, the disease really was communicated) from husband to wife is more frequent.

About the same time that I was making these observations, Dr. Hermann Weber brought the subject of the communicability of consumption from husband to wife before the Clinical Society, and in his paper he states that he possesses the history of "68 persons, male and female, who, with a more or less pronounced consumptive taint, have married healthy partners. One or several of the partners of 10 out of these 68 cases became consumptive. The question, however," he says, "takes a different aspect if the originally tainted husbands and wives are considered separately. Of the 68 persons, 39 were husbands, 29 wives. Only one of the husbands of the 29 wives became diseased, while the wives of 9 out of the 39 husbands

became affected. These 9 husbands lost 18 wives, viz., 1 lost 4 wives, 1 lost 3, 4 others lost 2 each, and 3 only 1 each."

One of Dr. H. Weber's cases is certainly very remarkable. A young man, who had lost his mother, two brothers, and a sister of phthisis, and who himself had twice had hæmorrhage from the lungs, had quite recovered, and married at twenty-seven years of age, being then perfectly well. His first wife was in good health, and came of a healthy family. She died of consumption after her third confinement. The man shortly married again, an "apparently healthy woman," and this second wife, after a year of married life, died of "galloping consumption." He again married a third wife, a healthy young woman of 25, belonging to "an exceptionally healthy family." During her second pregnancy, she developed symptoms of phthisis, which ran a rapid course, and ended fatally in about eight months. Undaunted by his previous experience, this man, who seems to have had a mania for matrimony, married a fourth wife, a perfectly healthy young woman, twenty-three years of age, of healthy family antecedents. Three months after her first confinement, she too began to show symptoms of phthisis, and, notwithstanding two sea-voyages, died after an illness of nine months, with tubercle in liver, spleen, and intestines, as well as in the lungs. Though the husband of these four wives, who was a sailor, remained in apparently good health, physical examination revealed the existence of morbid changes about the apex of the left lung. It is possible that the life at sea kept his disease in abeyance; for, when he had to lie by on account of a severe fracture, the disease became active, and he died of consumption within two years.

I have called your attention to this case, because it is perhaps one of the most remarkable on record bearing on the communicability of consumption from husband to wife.

In Dr. Weber's second case, three wives in succession of a consumptive husband died of phthisis, the husband ultimately dying of that disease himself. The disease in the wives appeared during pregnancy, or soon after delivery. The same story is repeated, with but little variation, except as to the number of wives, in Dr. Weber's seven other cases quoted in his paper. Altogether, he had observed thirty-nine diseased husbands, and the wives of nine of them became consumptive after marriage; but, as several of the diseased husbands married repeatedly, it would appear that, out of fifty-one such marriages, eighteen wives became consumptive after marriage. As a set-off against this, out of twenty-nine marriages between consumptive wives and healthy husbands, only one husband became consumptive.

Another noteworthy observation of Dr. Weber's was, that if the infected wives the disease manifested itself in an unusually active florid form, and ran an unusually rapid course; while in the husbands it was chronic, stationary, and apyretic. The fact of the onset of the disease following or occurring in connection with impregnation and uterogestation, as well as the fact of the immensely greater proportion of wives infected by husbands compared with that of husbands infected by wives, naturally provoked the suggestion that the latter became infected through impregnation and from the *fœtus in utero*, just as constitutional syphilis is conveyed from husband to wife. But there is another hypothesis equally tenable, and perhaps more in accordance with modern research; which is that, during the puerperal state, the female constitution is peculiarly prone to the reception and cultivation of the germs of infective disease; and, assuming for the sake of argument that tubercle is propagated through the agency of an infective organism, the puerperal state may supply one of the conditions (such, for example, as we could conceive an increased body-temperature to supply) necessary for its cultivation and spread.

These valuable and striking observations of Dr. Hermann Weber, while they give weighty support to the belief that consumption is, under certain circumstances, communicable from husband to wife, corroborate also the suggestions I have already made that, if phthisis be a contagious malady, it is so under very peculiar conditions and laws; that it is not contagious in precisely the same sense as is ordinarily and popularly attached to that word.

I have said enough to show you that it would be extremely difficult to prove from clinical observations alone, or from experience, however extensive, of cases of consumption encountered in this country, that phthisis is an infective and contagious malady. Many, who have had the largest opportunities of judging, have formed an opinion altogether opposed to this view, and would regard Dr. H. Weber's experience as quite exceptional. And yet it seems very probable that consumption is in a sense contagious—contagious under certain conditions; and the practical question, at the moment especially urgent, is, "Under what conditions is consumption contagious?" But, before attempting to answer this question, it will be necessary to go back to the consideration of the remaining propositions which I formulated at the commencement of my lecture, and see on what kind of evidence they rest, and what is the exact relation of that evidence to the final proposition which forms the special subject of my lecture.

The first of these propositions was, that "tubercle is an infective malady originating in a specific virus, and propagated by the conveyance of that virus from body to body, and originating in no other way." It has taken many years to obtain for this proposition anything like general acceptance amongst pathologists and physicians, and even now there are not a few who hesitate to accept this doctrine. It is some years ago (1865) since Villemin published the results of a series of methodical experiments, which he had undertaken for the purpose of showing that tubercle was an infective malady. His method was to take a small portion of tuberculous matter, as big as a pin's head, from the body of a man, a dog, cow, or a rabbit, and introduce it under the skin of the ear, the groin, or the axilla, in rabbits and dogs. He found that the wound at first healed over; but, after four or five days, the seat of the inoculation began to be red and swollen, and a tuberculous mass became developed there, causing an ulcerated wound. If these animals were killed after the fifteenth day from the inoculation, tubercles were always found in the viscera; in the lungs, they were usually abundant; grey granulations, as well as extensive infiltrated masses of tubercle, more advanced according to the length of time that had elapsed since the inoculation, and cavities were sometimes found; while at the seat of inoculation a caseous mass was usually found, surrounded by small yellowish granulations. The corresponding lymphatic glands were enlarged, and often contained scattered nodules of tubercle, some having undergone caseous degeneration. Cats and guinea-pigs were readily inoculated; but sheep, goats, and birds escaped infection. He obtained the same results from injecting hypodermically the sputa of phthisical patients in very small quantities, mixed with water. Blood taken during the life of animals with phthisis gave negative results; but, taken after death from phthisical men, it readily produced general tuberculosis in rabbits.

Chauveau of Lyons corroborated Villemin's results, by means of experiments on oxen, animals disposed to tuberculosis. He gave to oxen, by the stomach, tuberculous matter obtained from the human subject, or from other oxen, and they all became tuberculous, the lesions varying from trivial ones to the gravest possible. Typical tubercle-granulations were found in the lungs, as well as caseous masses in all stages. The same results followed inoculation into the connective tissue, and injection into the veins of water holding in suspension tuberculous matter after filtration.

Other experimenters (including Drs. Burdon Sanderson and Wilson Fox, in this country) soon opposed other views to those of Villemin and Chauveau. They stated that, in order to produce tuberculosis in rabbits and guinea-pigs, it was not at all necessary to inoculate these animals with tuberculous matter, that they might be rendered tuberculous by other means. They stated that, in the guinea-pig and some other animals, tuberculosis might be produced by inoculations with pus, or with caseous matter of inflammatory origin, or with sarcoma, just as well as with tubercle; that, in the guinea-pig, tuberculosis had been produced by the application of a simple seton; and that, in the rabbit, deep wounds, without inoculations of any sort, would produce pulmonary tuberculosis. Wilson Fox, in his experiments on guinea-pigs, introduced under the skin various substances—portions of putrefied muscle, fatty liver, and even vaccine virus, with the same result; and it was maintained by others, that such substances as aniline blue, cinnabar, caoutchouc, cotton, etc., caused similar effects; and that carnivorous animals might be fed long on tuberculous lungs without the production of tuberculosis.

Then, it was said by others that the lesions produced by Villemin were not tubercle at all, but simply inflammatory lesions, or embolic infarcts; and some went so far as to say, it was impossible to produce tuberculosis experimentally. At the same time, Chauveau, Klebs, and Böllinger, maintained the correctness of the experiments and views of Villemin.

Two physicians, mentioned in the *Nouveau Dictionnaire de Médecine et de Chirurgie* (Art. "Phthisis"), went so far as to inoculate themselves with the serum of a blister applied to a phthisical patient, and, we are not surprised to hear, without effect: for, if the peculiar micro-organism, which we have recently seen, be the active agent in the production of tubercle, we should scarcely expect to find it in the serum extracted from the blood by the action of a blister. Another remarkable case of human inoculation is mentioned in the work I have just cited. Three medical men of Syra (in Greece), in 1874, inoculated a man, fifty-five years of age, with tubercle. He was suffering from gangrene of the left great toe, due to obliteration of the femoral artery, and was in a moribund state. They inoculated some of the sputa of a phthisical patient in the upper part of the right leg. The lungs were previously examined with great care, and found to be perfectly sound. Three weeks later, there were signs of commencing induration at the right apex. On the thirty-eighth day after the inoculation, the patient died of gangrene. At the necropsy, there were found, at the apex of the right lung, seventeen small tubercles, varying in size from that of a mustard-seed to that of a lentil. Two similar tubercles were found at the left apex—two others on the convex surface of the liver. The authors of the experiment considered the embryonic state of the tubercles, and their limited number, to correspond with the short space of time that had elapsed from the inoculation.

It is not likely that an experiment of this kind will be often repeated; but though it stands alone, it is, none the less, an important observation.

Tappeiner and others have shown that animals could be rendered tuberculous, if tuberculous matter (such as the sputa of phthisical patients) were diffused in spray in the air which they breathe.

It has also been stated by Professor Gerlach that, in the variety of tubercular disease which affects oxen, the infection can be introduced by the stomach, if portions of the tubercular organs be mixed with the food, or if the healthy animal be fed with milk from the animal which has tubercle (Simon: *Proceedings of International Congress*). Now, as tubercle is a malady which is very common among cows, this observation is one which may have a vast importance in connection with the feeding of young children.

Cohnheim has also made numerous observations on the infective nature of tubercle. He introduces the tuberculous matters either into the subcutaneous tissue, or into the pleural or peritoneal cavity, or into the anterior chamber of the eye. After introduction in the latter situation, the primary irritation soon passes away, the small piece of tuberculous matter becomes smaller and smaller, and may even wholly disappear; for a time, the eye appears quite clear and intact, when suddenly in the iris a number of delicate grey nodules appear, grow to a certain size, and then caseate. In rabbits and guinea-pigs, fourteen days after the introduction of the virus, disseminated tuberculosis will appear in the various organs; in other animals, twenty-one days is the usual period of incubation. He has succeeded with pieces of lung affected with caseating pneumonia, or with pieces of caseating testicle, or with freshly excised scrofulous gland from the neck; but he has never found any result from introducing caseated sarcoma or myoma, or simple lymphoma.

But some of the most instructive and conclusive observations and experiments on this head are those of Dr. Hippolyte Martin of Paris. They are related in an article on the "Relations between Tuberculosis and Scrofula," in the *Revue de Médecine* for April of this year; and also in the *Archives de Physiologie* for 1881, on the "Infective Properties of Tubercle." The object of his original experiments was to show that inoculation with true tuberculous matter was alone capable of producing true, general tuberculosis, and that all the lesions produced by the introduction of foreign bodies of non-tuberculous nature were not true tubercle, but what he terms false or "pseudo-tubercle." But he insists that it is of prime importance that all these inoculations should be performed with strict antiseptic precautions; and that if, perchance, the inoculation of non-tuberculous foreign substances have been followed by an eruption of true tubercle, it is because these precautions have been disregarded. He also points out that the anatomical structure of the true and false tubercle, as revealed by microscopical examination, is identical, and that the only means of distinguishing between them is by inoculation *in series*—by a series of successive inoculation. True, infective tubercle is reproduced in an indefinite series, producing always a general tuberculosis as a consequence of local infection; the infectious properties becoming, if anything, more energetic as the series is prolonged. The same method proves the absolute innocuousness of false (pseudo) tubercle.

Some of his experiments are so important, that I make no apology for citing them to you. First, Dr. Martin tested the effects of injecting irritating animal and vegetable powders, such as cantharides, lycopodium, and pepper, into the peritoneal cavity of guinea-pigs. In one instance, he injected sixty centigrammes of lycopodium diffused in water into the peritoneal cavity of a guinea-pig; the animal died four months afterwards of general adhesive peritonitis, but all the viscera were healthy. Into the peritoneum of another guinea-pig he injected a large quantity of powdered cantharides mixed with water; nine months after the injection, the animal was quite well.

His next experiments were with fragments of morbid growths, non-tuberculous. Four pieces, of a cubic centimetre each, were cut from an epithelial tumour freshly removed from the neck of the uterus; two pieces were placed in alcohol, and two pieces in bichromate of ammonia. After a week, the two preserved in alcohol were introduced into the peritoneum of an adult rabbit, and rather more than three months afterwards the animal was killed; both fragments were found encysted in different parts of the peritoneal cavity; all the viscera were healthy. The two other fragments were introduced into the peritoneum of another rabbit, and about a month later the animal was killed, and the fragments were found

enveloped in a fold of omentum, their angles rounded, and absorption evidently commenced. All the viscera were healthy.

In another experiment, two pieces of a sarcoma of the testicle, freshly removed, were immediately introduced into the peritoneal cavity of a guinea-pig; about a month later, the animal was killed, and no trace of the foreign bodies was to be found, and all the viscera were perfectly healthy. The same experiment was repeated with portions of mammary carcinoma, on a large and strong female guinea-pig in a state of advanced utero-gestation. She was confined with two healthy little ones a few days after, and, when killed two months afterwards, two free masses were found in a cyst in the abdomen, wholly caseous, and dry like crude tubercle. All the viscera were healthy.

The same kind of results followed the introduction in the same manner of a piece of the femur of a rabbit, with periosteum and some fragments of muscle adherent; half the tibia of a new-born infant that died of erysipelas; three squares of a hard pear; two squares cut out of a ripe apple. In one of these cases, about six weeks after the operation, the two pieces were found surrounded by yellow pus in a large vascular cyst. There was no peritonitis; the viscera were healthy.

The next experiment is very significant. In the centre of a large sarcoma removed from the thigh of an infant, there was a large completely caseous nodule; a portion of this caseous matter, weighing 50 centigrammes, was introduced into the peritoneal cavity of a rabbit, with careful antiseptic precautions. A year afterwards, the animal was in perfect health.

These experiments prove conclusively that those observers were certainly in error who asserted that almost any kind of foreign body—animal or vegetable—would produce tuberculosis in guinea-pigs.

In other experiments, Dr. Martin has shown that foreign bodies having irritant properties, non-specific, may set up inflammation, the pathological products of which may have a complete anatomical resemblance to true tubercle, no distinction being possible by microscopical examination; and he has obtained by means of cayenne pepper, lycopodium, and cantharides, the finest specimens of pseudo-tubercle; but these lesions, in spite of their special anatomical structure, have no specific virulence. He had repeatedly injected with antiseptic precautions, the caseated inflammatory products of such experiments, and always failed to produce an eruption of tubercle. He insists strongly on the necessity, especially in a pathological laboratory, of these antiseptic precautions. All the instruments should be washed in alcohol and heated in a flame; and before each operation all parts of the syringe should be taken to pieces and treated in the same way.

On the other hand, pus from a scrofulous gland in the neck, as well as scrofulous products not yet degenerated, not caseous, inoculated immediately after surgical removal, produced a series of cases of generalised tuberculosis.

Dr. Martin's experiments completely establish the following conclusions: 1. Tubercle, inoculated locally, determines, after incubation, the formation of a local tubercle, and, after a variable time, general tuberculosis; and the virus seems to acquire increased activity by inoculation in series of animals of the same or allied species. 2. But, if we inoculate matter obtained from those tubercles secondary to the injection of non-tubercular foreign bodies, they never give rise to general tuberculosis; and, after two, or, at most, three terms of the series, they even lose the power of producing a local inflammation, and become absolutely inoffensive.

Here, then, he remarks, we have two inflammations; one specific, infective, and truly tuberculous; the other non-specific, non-infective, and not true tubercle; but both having the same anatomical structure, and the former differing from the latter by the presence of the properties of a mor-

bid agent at the present time unknown. It is this "unknown morbid agent" which Koch believes he has made known to us and shown us—an agent which the microscope had failed to discover until those special methods of preparation were employed which Koch has had the honour of discovering.

So, then, the proof of our first proposition seems complete; that "tubercle is an infective malady, originating in a specific virus, and propagated by the conveyance of that virus from body to body, and originating in no other way." And Koch's experiments appear to have proved the truth of the second proposition; that this "virus" is the property of a micro-organism peculiar to tubercle, and which may be called the tubercle-bacillus.

I need not repeat what has already been published as to Koch's methods of investigation. I may, however, say that the tubercle bacilli appeared as "delicate rods from a quarter to half the diameter of a blood-corpuscle in length"; that they have been found "in large numbers in all places where the tubercles are of recent formation and spreading rapidly, more especially at the border of the cheesy masses." They possess a special relation to the giant-cells, being found in their interior sometimes to the number of twenty in each cell. They do not appear to possess any power of movement. In some of the rods, oval spores have been seen. They have been seen in the human subject in cases of miliary tuberculosis, in cases of caseous bronchopneumonia, in tubercle of the brain, in intestinal tuberculosis, in freshly extirpated scrofulous glands, and in certain cases of synovial degeneration of joints. Nor need I repeat the account (already published in this JOURNAL) of the beautiful series of experiments by which Koch has shown that it is to the presence of this organism, and to this alone, that tubercle owes its infective property. One fact, however, let me mark, *en passant*, for future comment. "It was found that these bacilli required a temperature approaching that of the human body for their growth." The minimum temperature of 86° Fahr., and the maximum of 104°, are the limits between which they can develop and multiply. This disposes of the first and second propositions, and brings us to the third; viz., "that certain forms of disease termed scrofulous are essentially tuberculous."

Both the experiments of Koch, as well as those of Dr. Hippolyte Martin, go to establish this proposition. I have just said that Koch has found the infective bacillus of tubercle in freshly extirpated scrofulous glands, and in certain cases of (scrofulous) degeneration of the synovial membrane of joints. And Dr. Martin has obtained a series of cases of generalised tuberculosis, by successive inoculations in guinea-pigs; the original inoculations being in one instance from a small collection of pus found, after death, in a firmly encased submaxillary gland of a child, who had died of measles and broncho-pneumonia without any trace of tubercular disease, but with well marked clinical characters of scrofula; and in another, from non-degenerated (non-caseous) scrofulous products, a few instants after surgical removal.

Dr. Martin suggests, however—and the suggestion seems to me a sound and practical one—that scrofula is, perhaps, not a distinct morbid type, and that some of its manifestations must be included under the class of tuberculous diseases, and that others belong simply to the "lymphatic constitution;" that the possession or nonpossession of the property of infection, capable of being transmitted through a series of inoculations, affords the only elements of a certain diagnosis, or, as Koch would probably say, the presence, in their characteristic anatomical elements of the tubercle bacillus.

The fourth proposition, that pulmonary consumption is, in the main, a tuberculous disease, will no doubt be stoutly opposed by many in this country, who have adopted those views of the origin of pulmonary consumption in ordinary inflammatory processes which have been so ably

advocated by Niemeyer ; and much additional experimental research will be necessary in order to set this question at rest.

At present, this proposition rests on the observation that fresh caseous matter, as well as the grey granulations found in the lungs of phthisical patients, are infective, and contain in their anatomical elements the tubercle-bacillus, and that the sputa of phthisical patients are infective ; whereas the caseous degenerated products of ordinary inflammation are not infective (in series), and do not contain the characteristic micro-organism.

But it is not denied that chronic inflammatory changes may be produced in the lungs by the entrance of various irritating foreign particles, and that these changes may in time produce fatal injury to the organs of respiration ; it is, however, suggested that these cases should not be spoken of as phthisis, but as forms of chronic pneumonia.

In conclusion, we again come to the fifth and last proposition, the proposition with which we started, that pulmonary consumption is a contagious malady. I must again say that it is impossible to over-estimate the importance of establishing the truth or error of this proposition.

It is precisely one of those questions upon which the Collective Investigation Committee of the British Medical Association may be expected to gather up valuable information. And it is one also which can scarcely be cleared up without prolonged and repeated investigations by means of experiments on animals ; not painful experiments, happily ; there is no need to give pain in carrying out the kind of investigations which this subject demands, and which are calculated to promote the welfare both of man and animals. There are, moreover, many matters of daily concern connected with this investigation ; the way, for instance, in which consumptive patients should be tended and nursed ; the propriety of massing together a great number of consumptive patients in the same building ; the propriety of allowing healthy persons to breathe air contaminated by the breath of such patients ; the mode of dealing with their expectorations ; the kind of medical, climatic, or other treatment best suited to the arrest and cure of the disease, regarded as an infective malady ; the marriage of consumptive patients. Supposing consumption to be, under certain conditions, a contagious malady, there seems to be, *primâ facie*, some ground for believing that one of those conditions may be that of temperature—the temperature of the body, or the temperature of the external air.

I have already mentioned that in the South of Europe consumption has always been looked upon as a contagious disease. May this not be owing to the relatively higher temperature of these regions ? And we naturally associate with this reflection Koch's statement that the tubercle-bacillus requires a temperature above 86° Fahr. for its propagation.

I must content myself at present with simply pointing to this question of the influence of temperature upon the origin and propagation of consumption, as one which requires careful investigation. I shall have something to say in a future lecture on the antiseptic treatment of consumption. Finally, there is the pressing question of the possibility of conveying tuberculous disease to children by feeding them with the milk of consumptive cows ; but I have said enough I hope to convince you of the truth of the statement I made at the commencement of this lecture, that it is impossible to exaggerate the importance of the subject to which I have now called your attention.—*British Medical Journal*, June 17, 1882.



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### THE PROGRESS OF CATHOLICISM IN MEDICINE.

There is no rest for the spirit of man ; perhaps there shall be none. Perhaps it is a condition of finite existence that there must be struggle, and hard struggle too, in order that anything good or true may be attained. But it is not the struggle against physical difficulties which is regretted. It is the struggle against difficulties and obstacles placed in the path of human progress by man himself, which almost paralyses the intellect and chills the heart. It is not sincere opposition, opposition not in the name only but for the sake of truth, the subject and object of all human work,—it is not such opposition which is feared or lamented. It is opposition for the sake of opposition, it is opposition for the sake of interest, it is opposition for the sake of victory,—it is such opposition that effectually retards the progress of truth, and therefore it is such opposition that is to be lamented, and that must be deprecated and condemned. It is such opposition and its dire consequences which made the tender heart of the poet-philosopher exclaim—

Have I not reason to lament  
What man has made of man ?

The mind of man is such a strange composition that it is not possible to trace all his acts to their real motive springs—to distinguish, for instance, between what are sincere and what are insincere. This difficulty of analysis presents itself not only to the outsider, but even to the individual himself whose acts are

the subject of examination. Every man believes his own lies. Under such circumstances the best course a philosopher can pursue is to proceed from pure, sincere motives, and apply to them the rigid canons of logic and ethics for criticism and judgment.

We have been led to the above reflections by the lamentable fact of division of the medical profession into two main bodies, the old and the new school, and of schism in the latter. There are differences of opinion in the old school also, but though sometimes very great and even diametrically opposed to each other, these differences do not affect the unity of the school itself. The very fact of no definite method of treatment being acknowledged and recognized as the ultimate or even the best method, has given a sort of unifying principle to the whole school. Its members can revel in the wildest fancies about treatment without entertaining mortal hatred towards each other; while all have found a capital opportunity of directing that hatred towards members of the new school.

The new school having been founded upon exclusiveness, even slight differences of opinion in it prove fatal to its unity. And this has been the case even from the life-time of the Founder. It was natural, though not strictly philosophical, that in the enthusiasm of a discoverer, and discoverer of a method of drug-selection which immensely distanced all the older methods put together, and which armed him with power of healing disease which was simply marvellous,—it was natural that Hahnemann should have, under such circumstances, thought it not only to be the best but the only method of drug-selection founded upon fact and eternal natural law; and it was natural, that, with this idea in his mind, he should have been so jealous of its purity and development as to look upon the slightest departure from the letter of his teaching as treason in his disciples. But it was equally natural for men who had emerged from the tyranny of schools and the thralldom of ages not only not to brook but to resent such intolerance in the master. And thus we have from the beginning, amongst homœopathic physicians, those who called themselves pure homœopaths, and those who called themselves physicians practising homœopathy. But the intolerance of the old school made no distinction of pure and impure. Persecution, in the shape of professional ostracism, exclusion from all posts, and general denunciation as quacks and impostors, was the lot of all and of every one who would venture to whisper even the faintest faith in the new doctrine. The consequence was, that there could not be much divergence of opinion and much bitter disunion to be noticeable by the outside public and by persecuting orthodoxy. Hence journals and institutions established by members of the new school bore the

title of homœopathic. And thus an exclusive and sectarian position was not only forced upon, but assumed by, the new school in direct opposition to the old.

This exclusive, sectarian position had its use in helping the development of the new doctrine in its infancy; but it has almost ceased to exert this beneficial influence. Indeed its influence is now being exerted in the opposite direction. It is stereotyping error and retarding the progress of medicine itself, and—what is the worst consequence of all—it is promoting clandestine and dishonest practices, or where this much of conscience is absent, it is being attended with the most disastrous results to patients. Such a state of things cannot continue long, and conscientious homœopathic physicians have begun to feel the untenableness of their exclusive, sectarian position. Of movement in this healthy direction, we have the pleasure to observe two most noteworthy instances in England, and one in America. The Presidential Address before the Fellows and Members of the British Homœopathic Society in June last by Dr. Alfred C. Pope, and the lecture on Medical Practice at the London School of Homœopathy by Dr. Richard Hughes are the instances in England, and the change of title of the *Homœopathic Times* to the *New York Medical Times* is the instance in the United States of America. After forcibly slowing that “to abandon the use of the word homœopathy would be to offer an obstruction to therapeutic progress,” Dr. Pope thus boldly and nobly continues :

While, however, I insist thus earnestly upon the retention in our medical literature of the word homœopathy, as one that is not only legitimate, but full of meaning, and essential to real therapeutic progress,—it is its scientific employment, and not its professional use, that I desire to impress upon you to-night.

The appearance of this word upon the door-plate of a practitioner is, to say the least of it, an exhibition of bad taste. All that a medical man requires here is the announcement of his profession. The word homœopathist, in such a position, suggests the existence of a distinct profession. This homœopathy is not. It is the highest development the therapeutic art has attained at the present moment. It is, therefore, not only an integral part of medicine, but it is the most scientific phase on which that department of medicine known as therapeutics has, so far, entered.

Our aim is, and ever ought to be, to ensure the cultivation of the doctrine we cherish within the profession, and by every member of it. By describing ourselves, in public places, as Homœopathists, we give some excuse for the charge that we desire to remain separate and apart from the great body of the profession. We have no such desire; but, on the contrary, would readily join the general medical societies, and in them discuss, illustrate, and endeavour to propagate, the doctrine of homœopathy.

And, further, such a designation, so used, does to some extent justify the imputation that, in the treatment of disease, we profess to place our sole reliance upon homœopathically selected medicines. This we do not profess to do. On the contrary, we have ever acknowledged that we avail ourselves in practice of as large a variety of resources, in endeavouring to

counteract disease, as any members of the profession are accustomed to do. Homœopathy relates to the giving of medicines alone, while the art of therapeutics comprehends much besides pure medication. Again, with regard to medicines, we know, and gladly avail ourselves of the knowledge, that in the vast proportion of the diseased conditions with which we are called upon to deal, the homœopathically selected medicine is that which is productive of the greatest amount of benefit to be derived from medicine. But at the same time we admit, and ever have admitted, that there are some cases where antipathic palliatives can give such relief as medicine is calculated to afford. These are few in number it is true, and the more intimate becomes our acquaintance with the *Materia Medica* will be yet fewer still—but we must, in the meantime, recognise their existence, recognise the imperfection of our knowledge. Hence it is more in harmony with our real position that we should describe ourselves as physicians or surgeons, than that we should put thus prominently forward the designation Homœopathist.

Believing in the therapeutic superiority of the law of similars, and acting upon that belief in the treatment of disease, as far as lies in our power, we are homœopathists truly, but we are so in a scientific sense, not in one that may be regarded as professional.

No one ever described the position we occupy, as members of the profession of medicine, towards the word homœopathy better or more clearly than did Dr. Bayes when, after hearing a paper by Dr. Francis Black (read at a meeting of this Society), entitled "*Am I a Physician or Am I a Homœopathist?*" he wrote the note to Dr. Black, an extract from which appears appended to that paper, as published in the 4th volume of our *Annals* (p. 404). In this note Dr. Bayes drew Dr. Black's attention to a pamphlet, published by him a few years previously, in which he had written: "For my own part, I have investigated the subject, and the result of my investigation has been, that I have adopted homœopathy into my practice. Observe, *I object to the title of 'Homœopath.'* Its assumption savours of sectarianism. I object to any other title than that of 'Physician' or, at the most, 'Physician practising Homœopathy.'"

As we have reproduced the whole of Dr. Hughes' lecture under our *Gleanings*, we would not quote the particular passages bearing upon this point. We would only remark that in enumerating the "instances in which a candid survey of actual practice gives the preference to non-homœopathic measures," and in recommending even blood-letting as among such necessary non-homœopathic measures, Dr. Hughes has displayed a courage and an insight into the physician's responsibilities, equally with his colleague, Dr. Pope, which cannot be too highly commended. We may not, as indeed we do not, agree with him in the recommendation of all his non-homœopathic measures in all the instances cited, but that is not the point. The point is the physician's responsibility and liberty in the particular instances under his care, and the question is, where his homœopathic light fails, what is he to do? This question Dr. Hughes has satisfactorily solved for all who may be in such trouble. Treat a patient homœopathically by all means, with a single remedy and with a single dose if possible; but when you are at unfathomable sea, do not leave any means untried to save your patient or afford him relief from suffering.

The Editors of the *New York Medical Times*, Drs. Egbert Guernsey and Alfred K. Hills, have thus ushered in the change of title: "While it has been the aim of this Journal in time past, and will continue to be in the future, to give that prominence to the law of *Similars* which its importance demands, it seeks to occupy a place in the ranks of journalism in which it is free to discuss the great questions pertaining to every department of medicine with candor and courtesy. There will be no change in the policy of the journal; as a matter of honesty and good taste, we prefer a name which will enable us to look to the vastness of the whole Medical Science, rather than to a single law, however important." And it is no small proof of the advancing tide of toleration in matters medical that the Journal, which bears the name of Hahnemannian, we mean the *Hahnemannian Monthly*, should thus notice its changed contemporary—"Our contemporary needs no word of commendation from us. The profession has already learned to regard it as one of the very best Medical Journals extant. We wish for it an ever-increasing success, and an ever-widening field of influence." The *Times* has moreover received a flood of congratulations on its scientific independence as indicated by its change of name from eminent homœopathic physicians, such as Ludlam, Hughes, Hale, Dake, Franklin, &c., &c. We are therefore happy, and our readers will share the happiness with us, that we are no longer singular in our advocacy of catholicism in medicine.

There has been no "new departure" from the principles and policy of our journal as an esteemed colleague and brother-editor has supposed. Ever since we have been convinced of the truth in homœopathy, we have been entertaining the same opinion regarding it. We look upon it as the most advanced point yet reached in therapeutics, but not as its ultimatum. Even as a method and a system, (it is not simply a method, but a method and a system as well,) it is so imperfect, and so incomplete so as far as it goes, that it would be sinning against science and the patient-world to ignore its short-comings and to look upon it and represent it as a perfect method and a perfect system. This is the reason why, in our letter to the Senate of the Calcutta University in 1878, against the objection of its Medical Faculty to admit us as a member, we strongly said, "Without retracting an iota of my faith in the system, as expressed by me in unmistakable language, times without number, I would still repudiate the exclusive and sectarian name of homœopath applied to me. I claim the title of physician, and I claim the right thereunto appertaining, namely, liberty of reason to search after truth, and liberty of conscience to acknowledge truth wherever and whenever found." The condition of the mind differs in different individuals.

With us every year that passes confirms us in the opinion and estimate that we formed of homœopathy at our first acquaintance with it. With Dr. Bayes of England it has been the reverse. After twenty-two years' further experience he has now thought fit to repudiate what he so truly said in 1860. Chillingworth wrote the best apology for protestantism, and he changed his faith afterwards. Nevertheless his exposure of the absurdities of superstition remains to this day unanswered. So Dr. Bayes might now change his mind, but the true philosophic ring in what he uttered twenty-two years ago will survive his altered faith and self.

We advocate catholicism in medicine out of loyalty to truth and regard for suffering humanity, and not, as we are so often represented or rather misrepresented to do, for the purpose of reconciling ourselves to the old school. In our paper on the history of homœopathy in India for the International Homœopathic Convention we distinctly stated that "we cannot commit a greater and a graver mistake than to attempt a reconciliation with the old school by compromise, as was done with the best of intentions no doubt, by our excellent colleague, Dr. Wyld." Again, because of our advocacy of catholicism in medicine, it must not be supposed, as is also designedly told of us, that we jumble up one practice with another. Very far from it. Since 1868, when this Journal was started, there have been but few occasions for using what are looked upon as old school remedies, and these were chiefly cases of malarious fever in which we had to prescribe quinine in massive doses. What we insist upon is to leave the judgment and conscience absolutely free, which, we submit, is not possible if one is pledged to a system.

### A CASE OF "ACUTE GENERAL HERPES."\*

BY BABU AKSAYA KUMAR DATTA, L. M. S.

The case, which I purpose to sketch here, is both important and interesting, partly from its being a very rare affection and partly from the difficulty of its diagnosis. Few dermatologists have given a detailed account of this disease, and it has fallen to the lot of but a few medical men in this country to have met with a genuine case of "Acute general Herpes."

Although this disease does not essentially differ from other localised varieties of herpes, in its general character, course, duration and termination, in its etiology and morbid anatomy, and although the chief difference lies more in degree and intensity than in any other particular, yet the state preliminary to its attack, the mode of its onset and the group of symptoms for the first few days, altogether misleading for the purpose of accurate diagnosis,

\* Herpes Generalise Febrile of Dr. H. Coutagne of Lyons. *Vide* Tilbury Fox's *Skin Diseases*.

constitute a disease at once novel and interesting; which may fairly be classed with the *Exanthemata*.

In the first week of August last, I was sent for to see a patient, an up-country Hindu male, aged about 35 years, of a strongly built frame and healthy constitution. He was laid up with fever for the last three days. He told me that he was feeling bad and out of sorts, as it were, for a week or ten days back. There was loss of appetite, malaise, constipation, an attack of catarrh, &c. Then the fever was ushered in with a slight rigor, severe lumbar pains, nausea, vomiting, dull throbbing frontal headache, sore throat and aching pain all over the body, especially in the joints. This fever lasted for the whole day and night. On the morning he felt sore all over his body and noticed some irregular-sized red patches over the trunk and limbs, which were very painful to the touch. There was no fresh accession of fever on the day following. The temp. in the axilla was 100.5 F. on the morning I saw him for the first time. He had taken some opening medicine on the previous day and was purged several times. The stools were semi-solid, of a muddy color, mixed up with a thin film of white mucus. His face was swollen and red, eyes suffused and watery, voice hoarse, slight cough, and there were red patches of large and irregular size on the trunk and limbs, both upper and lower. These inflamed patches were slightly raised above the general level of the skin. The patient complained of nausea, headache, and severe burning pain all over his body and limbs. Tongue dry, red and glazed; pulse full and quick; some minute scattered red pimples were also noticed on the face, abdomen, chest, and the flexor sides of both the upper and lower limbs. The patient was neither vaccinated nor inoculated. He had never had an attack of small-pox before. There was no history of syphilis. The only exciting cause to this attack of fever was a prolonged exposure to cold and wet. I felt a little difficulty in making the proper diagnosis of this case. The group of symptoms noticed above was very much misleading and might easily lead one to think of erysipelas, acute rheumatism, smallpox, scarlatina, or some such disease. I could not pass any positive opinion that day. I simply ordered cold cream to be lightly applied over the inflamed patches of skin. Internally I prescribed Belladonna (ordinary tincture), in drop doses every three hours. Diet, barley and milk. Next morning I saw the patient, and to my utter amazement I found that crops of extremely minute vesicles have appeared over those previously inflamed patches. The diagnosis was now clear. On enquiry I learned that the patient had taken only four doses of Belladonna I prescribed the day before, and that he felt much relieved. Temp. 99 F, pulse much softer; pain much less, no nausea or vomiting. I ordered Belladonna to be continued as before.



The following morning I again saw the patient. He was much in the same state as on the previous day. Fresh crops of vesicles had appeared in large numbers. I changed Belladonna for Rhus tox., in drop doses every three hours. Next morning the patient was found almost half cured. He took four doses of Rhus only. Fever, pain, redness and swelling abated in a marked degree. The clusters of vesicles enlarged and their contents became opaque. I directed Rhus to be continued as before. On the day following there was further improvement, some of the vesicles on the legs, scrotum and abdomen were chafed off by friction and pressure, giving rise to slight additional trouble. But the patient to all appearances improved gradually under the influence of Rhus, and I left him in a fairly convalescent state.

#### Remarks.

It will be observed from the clinical record of this case that, from its beginning to its termination, it resembled typical exanthematous disease from its period of incubation to its stage of desquamation. But one thing very curious to be noticed in this case was that, notwithstanding such an acute inflammatory condition of the skin over a large area of the body, there were no signs of any organic complications worth noticing beyond a severe headache, slight catarrhal affection of the throat and bronchi, slight functional disturbance of the liver, and slight difficulty of micturition. Bowels at first constipated afterwards became slightly loose and irregular. As regards its etiology, it may be said to have originated from nervous irritation brought on by alternate heat and cold. In this respect it entirely differs from zymotic diseases. Lastly, it is neither contagious nor infectious, and leads a very acute course. I cannot positively say whether this disease affords immunity from a second attack.

#### Acknowledgment.

চিকিৎসা-সার-সংগ্রহ। শিশু-চিকিৎসা। ভীমহেশচন্দ্র ঘোষ কর্তৃক সংগৃহীত। দ্বিতীয় খণ্ড। শিশুদিগের প্রথম দন্তনির্গম হইতে দুই-দন্ত-পতন-কাল পর্যন্ত যাবতীয় রোগের হোমোইওপ্যাথিক চিকিৎসা। কলিকাতা: শকাব্দা ১৮০৪।

*Fourteenth Annual Report of the Sanitary Commissioner for Bengal for the year 1881, including the Annual Report for Vaccination in Bengal for the year 1881-82.* By Robert Lidderdale, M.D., Surgeon Major, Sanitary Commissioner for Bengal.

*Report of the Police of the Lower Provinces of the Bengal Presidency for the year 1881.* By J. Monro, Esq., C. S., Inspector-General of Police, Lower Provinces.

## TREATMENT OF DISEASES OF THE SKIN.

(Translated from the French of Dr. P. Jousset in L'Art Medical.)

(Continued from last number, p. 389).

## . F. IMPETIGO.

We have seen, when treating of Eczema, that impetigo is one stage of this affection, and we have indicated the medicines which are suitable for it, viz., *dulcamara*, *viola tricolor*, *rhys*, *arsenic*. It is therefore useless to repeat the very precise signs which we have already given for the selection of the very best medicine.

## G. PEMPHIGUS.

This affection, characterized by the formation of bullæ full of serosity to which succeeds shortly a purulent liquid, presents an *acute form* of great benignity common among young people, and a *cachectic chronic form* coming on in old people, and may terminate in death. *Cantharis*, *rhys*, *ranunculus bulbosus*, *arsenic* and *lachesis* are the principal medicaments.

(a) *Cantharis*.—Pemphigus presents a very exact image of the lesion produced by the external application of cantharides. Likewise this medicament is the first indicated in the treatment of acute pemphigus.

(b) *Rhus toxicodendron* produces rather vesicles than bullæ. Nevertheless it is recommended by the generality of homœopathic physicians in the treatment of pemphigus.

(c) *Ranunculus bulbosus* has cured pemphigus in new-born children.

(d) *Arsenicum* is the medicament for chronic pemphigus, and all homœopathic physicians agree in considering this medicine as very important in such cases.

(e) *Lachesis* which, in its pathogenesis, contain bullæ and blisters, may render service in very rebellious cases of pemphigus in old people.

## H. ECTHYMA AND RUPIA.

*Ecthyma* is characterized by the production of large isolated pustules, succeeded by a blackish crust, thick and hard, reposing upon an ulcer sometimes deep. *Rupia* differs from ecthyma by the larger size of the pustules, by the form and thickness of the crust

which resembles an oyster-shell, and by the greater depth of the ulceration.

These affections are often syphilitic, and in such cases we return to the treatment of the latter disease. As for non-syphilitic ecthyma and rupia they demand *tartarus emeticus*, *arsenicum*, *secale cornutum*, and *hydrastis canadensis*.

(a) *Tartarus emeticus*.—The external application of tartar emetic produces the veritable pustules of ecthyma: the internal use of this medicament has also produced this affection. Tartar emetic is then the principal medicament of acute ecthyma. Dose: first triturations.

(b) *Arsenic* is suitable to the treatment of inveterate ecthyma and rupia. It ought to be prescribed for a long time in the first triturations. One would find it well to dress the ulcers with a powder composed of arsenic and starch in the proportion of 1 to 1000.

(c, d) *Iachesis*.—This venom produces pustules of ecthyma. It is especially indicated when the affection seizes the arms. *Secale* is indicated when the legs are the seat of the disease. Dose: first triturations.

(e) *Hydrastis canadensis*.—This medicament of malignant ulcerations is indicated in the treatment of inveterate ecthyma. Dose: internally, first decimal dilution; externally, with glycerine in proportion of 1 to 10.

## I. ACNE.

This affection, sometimes very rebellious, is characterized by inflammation of the sebaceous follicles. From the point of view of treatment we distinguish the following: *Acne couperose* vel *rosacea*, *acne pustulosa*, *acne hypertrophica*, *acne punctata*, *acne varioliformis*, *molluscum*, *acne sebaceæ fluentis*, *acne sebaceæ concreta*.

I. *Acne couperose* vel *rosacea* is characterized by erythematous inflammation of the skin joined with that of the sebaceous follicles. It is one of the most rebellious forms. *Belladonna*, *rhus*, *ruta*, *veratrum* and *carbo animalis* are the principal medicaments.

(a, b) *Belladonna* and *rhus* are indicated by their well-known action upon erythema.

(c, d) *Ruta* and *veratrum* produce congestion of the head, a habitual symptom of *acne rosacea*, and have been mentioned by Jahr as having effected many cures.

(e) *Carbo animalis* ought to be reserved when the disease attacks the nose. The doses have scarcely been ascertained, and it is necessary to study each particular case.

Lotions of hot water, with a few drops of tincture of *arnica* in them, repeated twice a day, reduces very much the erythematous redness. Perhaps *hamamelis*, which is so well suitable to the treatment of varices, would replace *arnica* with advantage in cases so common in which *acne rosacea* is complicated with dilatation of the small vessels of the skin. Specialists recommend the use of mercurial pomades, of the proto-iodide for instance, in the proportion of 75 to 100.

II.—*Acne pustulosa*.—This is ordinary acne, that which one observes in young people, *acne juvenilis*. The iodides and bromides of potassium and sodium, tartar emetic and hepar sulphuris are the principal medicaments.

(a) *Iodide of Potassium* produces an eruption of acne. It is the same with *bromides of sodium* and *potassium*. The law of similitude, therefore, indicates these substances in the treatment of acne. The iodides ought to be preferred in cases where the inflammation is excessive.

(b) *Tartar emetic* is indicated when the pustules of acne attain a great development, and resemble those of small pox. Dr. Gonnard has obtained good success with this medicine.

(c) *Hepar sulphuris* is indicated by Kafka. It likewise is a medicament of pustulous affections.

Dose : the first triturations for the three medicaments.

III.—*Acne indurata* or *tuberculosa*, and *acne hypertrophica*.—These varieties are only degrees of *acne pustulosa*. Frequently hypertrophic acne develops itself from *acne pustulosa*.

*Acne indurata* is characterized by the development of veritable tubercles which serve as bases to the pustules of acne which leave cicatrices comparable to those of variola.

*Acne hypertrophica* is characterized by the exaggerated development of tubercles of *acne indurata*. There result from this development tumors red or violet, soft, furrowed with varicose veins, covered with a greasy coating. These tumors rounded, sometimes pediculated, develop almost exclusively on the nose,

and acquire a size which varies from that of cherry-nut to that of a pigeon's egg. This variety of acne is very rebellious; to a certain degree it is incurable.

The *iodides* and *bromides*, internally and externally, are here particularly indicated. One would find it useful to touch the tumors externally with tincture of iodine.

*Thuja* is indicated in tumors of hypertrophic acne which are projecting and more or less pediculated. But we have not had clinical experience with it.

IV.—*Acne punctata*, *acne varioliformis*, and *molluscum*.—*Acne Punctata* is characterized by the retention of sebaceous matter, the dilatation and inflammation of the follicles. Whence we have small tumors of a dark red, hard at the base, presenting a sharp summit, terminated by a black point. This black point is due to the coloration of the sebaceous matter by dust floating in the atmosphere. On pressing the small tumor one can get out the sebaceous matter of a form which roughly imitates a maggot. Microscopists have found in the middle of this sebaceous matter a cryptogam, which they would constitute the parasite of this variety of acne; but subsequent researches have demonstrated that this cryptogam is found in healthy sebaceous matter.

*Acne varioliformis*, which resembles but little variola, is characterized like the preceding by the retention of sebaceous matter and by the considerable development of the follicles which constitute rounded tumors varying in size from that of a millet seed to that of a cherry, retains the color of the skin, or is a little red, sometimes semi-transparent and resembling in this case only the pimple of variola. These small tumors all present a point white or black, marking the mouth of the follicle, and like the papules of *acne punctata* they may be emptied by pressure. According to Bateman and Hardy *acne varioliformis* should be contagious.

*Molluscum* is only an exaggeration of *acne varioliformis*. The tumors may acquire the size of a walnut; they have the color of the skin. Sometimes they do not present a white or black point because the duct of the follicle is obliterated; but they are always constituted by the sebaceous humor.

Jahr indicates *drosera*, *acidum nitricum*, *selenium* and *sulphur* in the treatment of *acne punctata*. *Drosera*, *nitric acid*, and *sulphur* contain in their pathogenesis this symptom: small black points

on the face, principally on the nose and chin. But *selenium* presents only the symptom—greasy skin of the face, which indicates it rather in the treatment of the variety called *acne sebacea fluentis*.

The treatment of these varieties of acne is principally *local* and likewise *surgical*. The evacuation so easy of the sebaceous matter by pressure alone, or by pressure preceded by opening of the cyst, brings on easy cure of these small tumors.

One would find it useful to use alkaline lotions in acne punctata when the eruption is numerous. Borate of soda, 10 to 15 grammes in 300 grammes of water.

V.—*Acne sebacea fluentis, acne sebacea concreta*. The first variety is characterized by an exaggerated secretion of sebaceous humor which renders the skin oily, at the same time it is more red and presents the enlarged orifices of the sebaceous ducts. The part of the skin so affected has been compared to that of the orange. This affection occupies by preference the face and especially the lateral parts of the nose. It is most frequently associated with the other varieties of acne.

*Acne sebacea concreta*.—In this variety, the sebaceous humor secreted in excess, concretes in the form of an adherent crust on the skin. These crusts detach easily by scratching, and constitute a matter analogous to that of wax, and which may be rolled between the fingers. The color of this coating is yellow, sometimes brown or even quite black. The acne concreta exists habitually in the face, but it may attack the hairy scalp, where it may become a cause of alopecia. The oily state of the skin, the consistency of the waxy crusts, and the integrity of the skin underneath the crusts, always enable us to distinguish acne concreta from eczema, pityriasis and canceroid.

Bœnninghaussen indicates as medicaments, principally, *bryonia*, *china*, *natrum muriaticum*, and *selenium*, of which last we have already spoken.

(a) *Bryonia*.—In the materia medica of Hahnemann we find only this symptom corresponding to fluent acne—"the hair of the head is very greasy; on combing the hair the hands become very greasy."\*

\* *Bryonia* has another symptom pointing to the same morbid condition of the sebaceous follicles,—“Perspiration which looked like oil when wiped off, day and night.”—Ed. Cal. J. Med.

Jahr recommends *bryonia* in fluent acne.

(b) *China*.—I have not found, either in Hahnemann or in Jahr, the least symptom approaching this disease; and I do not know whence Boenninghausen has drawn his information.

(c) *Natrum muriaticum*.—This medicament produces crusts in the hairy scalp with falling off of the hair; the face shines as from grease; it is therefore indicated in the treatment of acne sebacea.

(d) *Selenium*.—See acne punctata.

In this variety of acne the lotions with borate of soda constitute a grand part of treatment.

VI.—*Local treatment of acne*.—We have already said something about this under each variety. We shall complete this chapter by indicating the mercurial pomades, phenic acid, and lotions with milk of sulphur.

(a) *Mercurial pomades* have been employed in very large doses, and have given at the cost of great suffering cures neither definite nor permanent. Grave internal effects may follow this mode of treatment which is especially pursued in *acne pustulosa*. The most energetic formula is that of Rochard; one part of bichloro-iodide of mercury with eighty of axunge. A pomade with five to twenty centigrammes of calomel in ten grammes of cold cream habitually produces amelioration of *acne rosacea et pustulosa*.

(b) *Phenic acid* has been employed pure to touch the pimples of acne. One employs in the same manner juniper oil and mahogany seed oil. This treatment is very uncertain.

(c) *Milk of sulphur*.—This composition has given me very good results. The following is its composition :

Flowers of sulphur .....	8 grammes.
Pulverised Camphor .....	50 centigrs.
Pulverized gum .....	1 gramme.
Rose water and lime water each .....	60 grammes.

To be used every evening.

VII.—*Mineral waters in the treatment of acne*.—Sulphurous and alkaline waters have been used, but without any great success. The waters so calming of Schlangenbad seem more efficacious, but the waters of Loësche are the only ones, to my knowledge, on which one may confidently count.

## J. LICHEN.

This affection, in its simplest form, is characterized by an eruption of red patches, covered over with acuminate pappules, agglomerated or scattered. In *lichen agrius*, vesicles and pustules are found mixed up with pappules, so that eczema and lichen are here confounded. These two varieties present after some time a common symptom which is most characteristic, and which has merited for this affection the name of *lichen*. This is the hypertrophy and considerable roughness of the skin with augmentation of its wrinkles.

I.—*Lichen simplex*.—*Lycopodium* and *sulphur* are indicated by the pappulous eruption and by the itching with burning. *Lycopodium* is best suitable when the pruritus is very strong in the evening; *sulphur*, when the same symptom is most pronounced at night and in the morning. Dose: 12th to 30th dil.

II.—*Lichen agrius*.

(a) *Mercurius* is indicated in the beginning during the inflammatory period, "eruption of pappules and of vesicles upon a red surface with smarting pain." Dose: 1st dil.

(b) *Arsenic* is the principal medicament of lichen when it has passed into the chronic state.

The medicaments of eczema are frequently applicable in the treatment of lichen.

The local treatment is the same as that in eczema.

## K. PRURIGO.

This affection is characterized by isolated pappules, without change of color of skin, and habitually carrying on their summits black crusts formed by minute drops of blood which have become dry, and which are due to scratching.

Prurigo presents several varieties: *Prurigo mitis* and *prurigo ferox*, which are only different degrees of the same affection; *prurigo senilis* or *pedicularis* caused or kept up by lice; and *prurigo sans pappules* which attacks principally the vulva and the anus.

I.—*Prurigo mitis* or *formicans* or *ferox* attacks habitually the limbs. It is essentially a chronic affection.



The principal medicaments are : *sulphur*, *lycopodium*, *arsenicum*, *rhus toxicodendron*, and *rumex crispus*.

(a, b) *Sulphur* and *lycopodium* are indicated by excessive itching. We refer to *lichen* for the indications of these medicaments. Dose : 12th to 30th dil.

(c) *Arsenicum* addresses itself rather to the treatment of the affection than to that of the symptom of itching, and ought to be alternated with *sulphur* and *lycopodium*. Dose : from 3rd to 12th dil.

(d) *Rhus tox.* has been indicated by Wesselhœft, who reports several cases of cure.

(e) *Rumex crispus* has a special indication : the pruritus is aggravated by cold and relieved by the heat of the bed.

(f) *Local treatment*.—Baths with hydrochloric acid in the proportion of thousand grammes for a bath (bathing tub of wood) ; baths of marine salt, baths of sea water and analogous lotions with this bath soothe the itching.

(g) *Mineral waters*, baths in the sea, sulphurous waters, and the waters of Loësche.

II. *Prurigo senilis*.—It presents for its characteristic the excessively rapid development of lice in the body. Baths, and above all the employment of the powder of pyrethrum in the bed and vestments, cause the prompt disappearance of this complication.

III.—*Prurigo sine pappules*.—Prurigo of the vulva and the anus. This affection which torments so much old women, may lead to onanism and even to nymphomania. Independently of the general treatment of prurigo, there ought to be an energetic local treatment.

*Local treatment* : Lotions with oil mixed with chloroform in the proportion of one quarter of the latter ; with corrosive sublimate in water in the proportion of from ten to twenty five centigrammes of the former to one hundred grammes of the latter (which should be very hot) ; cauterization with nitrate of silver. The use of a pomade, containing ten centigrammes of morphine to thirty grammes of axunge, is very much recommended by Bazin. This pomade produces a dressing very agreeable in pruritus.

(To be continued).

## EDITOR'S NOTES.

## GUNSHOT WOUND OF BRAIN.

A very interesting case of gunshot wound of the right temporal region causing perforation of the skull and dura mater and the consequent escape of the brain matter, is reported in the *Lancet* of the 8th July, 1882. "There was also extensive comminution of the skull in the left parietal region from internal impact of the bullet, but here there was no external wound." The boy suffered from no other paralysis except that of left facial and lingual. The wound was granulating and even three weeks after no particular symptom had arisen. "The bullet is conical, one third of an inch in diameter, and it remains lodged in the cranium."

## PATHOGENETIC EFFECTS OF NITRATE OF SILVER.

The *Lancet* of July 22 gives the results of some experiments by Roszahegzi on chronic poisoning by nitrate of silver. A dilute solution injected into the stomach causes rabbits rapidly to lose flesh; but the functions of respiration and the action of the heart are not disturbed until shortly before death. The pathological appearances found were redness of the mucous membrane of the pharynx and larynx, congestion and even hepatisation of the lungs, with a cell growth in the walls of the alveoli. In the cases of longest duration he found the liver shrunken, its connective tissue increased, and the cells in a state of fatty degeneration. The connective tissue of the kidney was also increased, and the epithelium degenerated. The striated muscles were also granular. Small doses raise the temperature a fraction of a degree, whereas large doses lower it. If nitrate of silver is injected under the skin it seems to be eliminated by both the intestine and the kidneys, but more speedily by the former than by the latter.

## A NEW HÆMOSTATIC AND SURGICAL DRESSING.

Dr. Edward Thompson in the *Lancet* of the 29th July recommends the use of *Lycoperdon gigantium* (puff ball) as a powerful hæmostatic.

In a woman suffering from cancer of the right breast it effected alleviation of pain and cessation of hæmorrhages when every kind of surgical dressing proved to be of no efficacy. "From the day the patient commenced the use of this substance her sufferings were greatly mitigated and she improved in health and strength. The frequent bleedings ceased, and the foul odor from the sore was greatly

diminished ; indeed, so admirably did the puff ball act that the poor woman lived in comparative comfort for seventeen years after the first appearance of the cancerous ulceration." He further adds the experience of other surgeons as to its power of preventing hæmorrhages. Mr. Fagan, the leading surgeon in Belfast, for instance, when removing a large tumor from the neighbourhood of the orbit, encountered the most violent hæmorrhage from large arteries in the bone which even pegging with pieces of wood failed to control, but which a small piece of puff ball at once restrained.

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#### FRACTURE OF RADIUS BY MUSCULAR EFFORT.

The following interesting case is reported in the *Medical Call* for July by Dr. J. Cresswell Lewis, M. D.

One night last winter a large powerful man came into our office, holding his arm very carefully, almost tenderly. He complained greatly of pain in it and said he could not use it. On examination we found he had an oblique fracture of the radius near the middle. The fracture was produced by muscular effort in loading ice. He had received no injury by falling or being struck, but felt the pain directly after throwing a heavy piece of ice on the cart he was loading. Fracture purely from muscular action is rare, and when it occurs in the superior extremity it generally is found in the humerus. Fracture of the radius near the center may occur from direct violence, more frequently from a fall forward. It very seldom is seen as the result of muscular action, hence this brief notice of this case. In such a case the muscles concerned would be, it would seem to us, the biceps, which would draw the upper fragment upwards ; the pronator radii teres, which would draw it inwards ; the pronator quadratus, which would draw the lower fragment downward and inward ; the supinator longus, which, by elevating the styloid process, would depress the upper end of the lower fragment.

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#### A MARVEL OF SURGERY.

The following extraordinary feat achieved in the domain of surgery by professor Gussenbauer, has been reported by Dr. Roswell Park in the *British Medical Journal*, 5th August 1882. He writes as follows :

I have had the pleasure of a rather extended interview with a patient whose larynx and epiglottis Professor Gussenbauer removed over a year ago. Six weeks after the operation, he began to wear part of the artificial larynx, and, after accustoming himself to this, he

gradually learned how to introduce and use the reed which takes the place of the vocal cords. This apparatus was made for him by Rothe, who has also done some work for the Reese Hospital. The patient is a riding teacher, is reputed the best rider in Prague, is busy from morning to night, talking all day, and suffers not the slightest inconvenience or pain. His voice is, of course, very monotonous, but his enunciation is excellent, his speech perfectly intelligible, and he eats and drinks with perfect facility. Three intralaryngeal operations had been previously made, before Gussenbauer attempted his feat. This case is said to be the best living example of what the art of the surgeon and the mechanician can accomplish for such a terrible disease as cancer of the larynx.

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#### CHRONIC ARSENICAL POISONING.

Two French observers, MM. Caillol de Poncey and Ch. Livon, have lately experimented on chronic arsenical poisoning. The effect of the addition of small quantities of arsenic to the diet of cats was not at first to cause any disturbance in the general health; indeed, they ate more, became fat, and seemed generally to be in exceedingly good health. After a time, however, they began to lose flesh, became affected with diarrhoea, lost appetite, and became languid, and finally died in a state of anæmia and emaciation, which presented a striking contrast to their condition at the commencement of the treatment. At the necropsy all the muscles, including the heart, were extremely pale; the liver, the lungs, and the kidneys presented all the naked-eye signs of fatty degeneration, and the mesenteric glands were swollen, and also presented fatty degeneration, a lesion which has not previously been observed. In the lungs Cornil and Brault found, in acute poisoning, that the pulmonary capillaries were dilated and distended with blood, and the endothelial layers were invaded with large fatty granulations. Hæmorrhages were also seen in certain points, and many alveoli were filled by degenerated cells, giving rise to the naked-eye appearance of pale islets. The mesenteric glands appeared as large yellowish white masses of caseous aspect. The microscope showed that the peripheral parts of the glands were invaded by fatty degeneration, which was not limited to the follicles. The process of change appears similar to that in the lung: under the influence of the slowly absorbed arsenic the endothelial cells undergo fatty degeneration, commencing in the most active part of the glands—the follicular region,—from which it gradually invades the greater part, if not the whole, of the gland.—*The Lancet*, July 22, 1882.

## CLINICAL RECORD.

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### *A Case of Dysmenorrhœa cured by Tarentula.*

BY BABU BRAJENDRA NATH BANERJEA, L. M. S.

*Medical Practitioner, Allahabad.*

Miss A. S., aged 17, menstruates irregularly, thin but tall. Has been suffering from irregular and painful menstruation since last 19 months. She is very cross and does not answer any one civilly. She is dissatisfied with her elder sister and mother. The pain, which she gets during her menses, is in the lumbar and left iliac regions. The lumbar pain commences with the appearance of the menses but the iliac pain commences three or four days before that, and lasts a week after it. The flow is profuse and too early, appearing every fortnight or once in 20 days. The discharge is blackish. There is itching of the vulva after the stoppage of the menses. Examination *par vaginum* produced intolerable pain when the left ovary was made to roll between the tips of the two examining fingers (external and internal). The right one similarly held did not indicate any pain whatever.

I saw her on the 19th Feb. 1882. I prescribed *Tarentula* 6, the symptoms of which corresponded closely with those of my patient excepting the ovarian pain and the tenderness of the ovary. Though in the provings of *Tarentula* no mention is made of left iliac pain and tenderness of the left ovary, yet guided by the itching of the vulva, crossness, dissatisfaction and lumbar pain I prescribed it. She took *Tarentula* only during her menses. No medicine was given during the intermenstrual period because I thought she was cured of her menstrual disorder, inasmuch as the iliac pain and tenderness of the ovary which used to last a week after the stoppage of the menses disappeared after the first day's use of the medicine. Her next period was a regular and painless one. Up to this time she is menstruating regularly and painlessly.

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### *A Case of Hysterical fever cured by Ignatia Amara.*

BY BABU BRAJENDRA NATH BANERJEA, L. M. S.

*Medical Practitioner, Allahabad.*

A Mahomedan girl, aged 19, had always been enjoying good health. In the month of August 1881, the sudden loss of her younger brother told heavily upon her. It was the 2nd day of her menstruation, when

her brother died. The menstrual flow suddenly stopped for that period. A week after this day she felt feverish for a couple of hours only. This feverishness she used to get every 2nd day only during the intermenstrual period. The next and other subsequent flows were as healthy and regular as she was accustomed to get hitherto. The fever she would describe as sinking at the pit of the stomach, flush of the face and sensation of warmth all over her body followed by a little chilliness and warmth alternately. Though there was nothing wrong in the menstrual flow, the molimen became very painful.

I saw her three or four times in the month of October 1881, but never found her while in the state of fever. I prescribed *Ars.*, *China*, *Nuxv.*, *Cedron* and even *Quinine Sulph.*, &c., thinking this to be periodic fever. On the 6th Nov. I saw her in "fever." There was no body-heat, pulse 75, temp. 98.2 F. Thinking it to be hysteric fever, I gave her *Ignatia* 200 one dose, and repeated it every morning for three days. The fever together with menstrual molimen disappeared entirely. No medicine was given after *Ignatia*.

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*A Case of Acute Tonsillitis cured by Baryta Carb.*

BY BABU AKHIL NATH PAL, L. M. S.

B., aged 25, of delicate constitution, and mother of two children, had an attack of cold after exposure to the rains. Two days after, she began to complain of pain in swallowing, and slight tenderness on pressure at the angle of the right lower jaw. The pain gradually increased, and it was on the 4th day that she placed herself under allopathic treatment. Caustic lotion, liquor ferri perchloridi, &c., &c., were, one by one, applied to the tonsil and fauces, some diaphoretic mixtures were given internally, and poultice applied externally. These having failed, the tonsil was twice scarified.

I was called on the 5th of August (being the 8th day of the attack). I saw her very much exhausted, restless, and suffering from high fever.

On examination the right tonsil and fauces were found to be considerably swollen, red, and covered with yellowish white spots; the tongue coated white with thick mucus. There was profuse discharge of viscid saliva; the right sub-maxillary glands were swollen and inflamed; the voice thick and nasal; difficulty of deglutition, so much so, that any attempt to drink brought on fainting fits; she complained of throbbing and lancinating pain in the affected tonsil; could not sleep in the night; no stools during the last four days.

*Treatment*: *Baryta c.* 6, every 2 hours ; ordered to report after three doses had been taken. *Diet*: milk.

The first dose she had to take with the greatest difficulty, almost drop by drop. She took the second dose comparatively easily. About half an hour after this, she began to perspire, and it was after the third dose, which she took without the least difficulty, that profuse perspiration broke forth, and she fell asleep.

6th. Slept well in the night ; the pain in the throat decidedly better ; the tonsil about half its former size ; could drink easily ; no stool. Continue *Bar. c.* 6, thrice daily.

7th. No fever, does not complain of pain in swallowing, tonsil almost of natural size, voice clear, fauces slightly red ; no stool. Cont. *Bar. c.* 6, thrice daily.

8th. Tonsil and fauces natural, complaining of fulness and pain in abdomen, as she had not any motion yet. *Lyco.* 6. Two doses every four hours. Omit *Bar. c.*

9th. Had two stools ; feels well ; no medicine.

11th. Reports all right.

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### *A Case of Concussion of the Brain.*

By T. K. D., L. M. S. (Bombay).

B. G., aged 33, brahman by caste, suffered an accident by a fall from a carriage, the horses of which had taken fright. The result of this fall was severe concussion of the brain. He was about 4 miles distant from me and was treated by the hospital assistant in charge of the dispensary there. This accident occurred on the 2nd July 1882. I went to see him on the 4th when I noticed the following symptoms : head hot, pulse hard and slow, 78 in number, skin hot and dry, temperature not taken, bowels costive, was drowsy and had low muttering delirium, had ecchymosis of the right conjunctiva, pupils normal ; sleeplessness and severe headache were the chief subjective symptoms present. The hospital assistant treated him with saline mixture, Dover's powder, and cold applications to the head ; as the patient was willing to remain under my treatment I prescribed *Arnica* 12, few drops in a tumblerful of water, one spoonful to be given every hour. Patient took this medicine, but the next day as he had some increase of his fever and delirium my treatment was discontinued, and again the hospital assistant there treated him ; he treated him for about 3 days and on the evening of the 7th I was

sent for. I immediately went there and observed the following symptoms: Temp. 101, pulse 76, slow and half full as it were, was drowsy and delirious, used to get out of his bed every now and then, and was very loquacious. The heart sounds were irregular and so feeble that I thought heart was failing, complained of severe headache and excessive thirst. Prescribed *Aconite* 12 and *Belladonna* 12 in alternation every hour, cold applications to the head were kept up. Medicines were regularly given for the whole night, and the next morning he was little better. The same medicines were continued with occasional doses of *Hyoscyamus* 3 at night to produce sleep. Improvement was steady, and on the 26th there was no trace of concussion except weakness for which *Cinchona* was given.

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#### A Case of Cholera.

By T. K. D., L. M. S. (Bombay).

Aloo Ahmed, aged 35, Mussulman by caste, was attacked with vomiting, purging, and cramps in the lower extremities, at about 12 noon on the 25th July 1882. I was informed of this case at about 8 p. m. when I saw him with the following symptoms: Lying on his back in a helpless condition, extremities cold, pulse absent, eyes sunk, countenance haggard looking, cramps in the lower extremities very severe. Said that he had vomitted 4 times and had 6 rice water stools. Complains of excessive thirst and burning pain in the pit of the stomach. *Arsenic alb.* 3, 4 doses, one dose every  $\frac{1}{2}$  an hour. At 10 p. m. he was much the same. Vomited once and purged once. I prescribed 3 grs. of *Calomel* with 15 grains of Bicarbonate of soda in 3 powders, one powder every hour. I saw the patient at 11-30 p. m., and finding him in a more helpless condition I prescribed *Veratrum album* 3 in water, one spoonful every  $\frac{1}{2}$  hour up to 4 doses, and then every hour.

On the morning of the 27th the cramps were much better but there was no return of pulse yet, had vomitted 3 times and had one motion. *Veratrum* was continued and he showed signs of reaction at 9-30 p. m., when the pulse returned at the wrist, face better, thirst less, extremities warm, burning in the pit of the stomach much less. Since this time he continued improving, but more or less diarrhoea continued till the 30th which was checked by *Ipec.* 1.



## THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

### 30. BAPTISIA.

#### **Constipation :**

1. Constipation throughout the period of prœying.
2. Constipation severe, with hæmorrhoids in the afternoon ; quite troublesome.

#### **Diarrhœa :**

1. Diarrhœaic stools dark.
2. Soft mushy st.
3. Frequent, small, very offensive, acrid (excoriating) sts.

#### **Dysentery :**

1. St., papescent with a large quantity of mucus, but no real pain.
2. Bloody mucus sts. Intestines congested and filled with bloody mucus (in a cat).

#### **Aggravation :**

1. Autumn. Hot weather.—Bell.

#### **Before St :**

1. Loud rumbling (borborygmus).
2. Severe colicky pains in the umbilical and especially more in hypogastrium.

#### **During St :**

1. Rumbling.
2. Colicky pains continue.

#### **After St :**

Relief of colic.—Bell.

#### **Rectum and Anus :**

Hæmorrhoids.

#### **General Symptoms :**

1. Intolerance of pressure on all parts of the body.
2. Cannot confine his mind. Sort of wild, wandering feeling. Thinks he is double or that his body is broken, and tosses about the bed to get the pieces together.—Bell.
3. Head feels large and heavy. Dull, heavy, pressive headache. Hands felt large and were tremulous.
4. Vertigo and sensation of weakness in the entire system, especially in the lower limbs, with weakness.
5. Hot and perceptibly flushed face.
6. Tongue feels dry on rubbing it against the roof of the mouth, smarted and felt sore as if burnt. Tongue coated yellow ; coated at first white, with reddish papillæ here and there, followed by a yellowish brown coating in the centre, the edges being red and shining.
7. Saliva rather abundant, somewhat viscid and flat tasting.
8. Well developed ulcers in the mouth. Fœtid breath.
9. Loss of appetite. Flat, bitter taste. Filthy taste.
10. Sore throat. Tonsils and fauces look very red.

11. Nausea. Disposition to vomit but no nausea. Frequent evacuations, with nausea. Pains and cramp in the stomach ; feeling as if there was a hard substance in it.
12. Pain in the liver. Constant dull pain in region of the gall-bladder ; very severe on walking.
13. Distension of abdomen.
14. Rumbling in the intestines with desire for st.
15. A sort of burning when urinating.
16. Urine not very copious, but of dark red color. In Burt's proving it was copious and acid throughout.
17. Dreamed all night ; in dreams triumphed over all opposition.
18. Delirious stupor ; falls asleep while answering a question or while being talked to.—Bell.
19. Incapable of mental or physical exertion. Indescribable sick feeling all over, with languor. Stiffness of joints. Rheumatic pains and soreness all over the body.

**Remarks :** Clinical facts, more than its actual pathogenesis, are in favor of **baptisia** in diarrhœa and dysentery. Thus Dr. Briny reports the case of "a child who had dysentery with great tenesmus ; the child wanted to be up all the time ; there was discharge of *pure blood* with no mucus. **Baptisia** 1-10, cured." "The evacuations indicating **Baptisia**," says the great father of our New Remedies, "are usually dark, black or brown, murky, slimy, bloody, and particularly *offensive*. If, with these appearances, you find a dry tongue, foetid breath, sinking at the stomach, and other characteristic symptoms of this medicine, it will prove a prompt remedy." And so it does. But the foetid breath and the purely bloody stool are not among its recorded pathogenesis. Whether **baptisia** is an abortifacient of the genuine typhoid fever has yet to be determined, but that it remarkably controls the diarrhœa and even bloody stools of that disease, and of low remittent fevers generally, with borborygmi in the abdomen and in particular in the cœcum, and other characteristic symptoms, there is ample clinical evidence to show.

### 31. BARYTA ACETICA.

#### Constipation :

Constipation following half liquid stool.

#### Diarrhœa :

1. Soft st., finally becoming like D.
2. Soft granular st. without any difficulty.
3. Involuntary sts.

#### Before St :

1. Frequent urging.
2. Painful aching in the lumbar region.
3. Creeping coldness over the head and along the thighs.

#### After St :

1. Renewed urging.
2. Continuance of pain in loins.

**Rectum and Anus :**

Frequent urging, though st. natural, and number of stools not more than natural.

**General Symptoms :**

1. He wavers for a long time between opposite resolutions.
2. Very bitter taste with natural taste of the food.
3. Violent, urgent thirst, only allayed by ice in the mouth.
4. Nausea followed by sudden and very copious vomiting of bile.
5. Painful writhing sensation in the stomach when, on eating, the food passes into it, as if it had to force its way through sore places.
6. Sore pain in the pit of the stomach, on external pressure and on breathing.
7. Rumbling and gurgling in the abd. Sensation in abd. as if D. would ensue.
8. Gripping extending through whole abd. from above downwards.
9. Increased discharge of urine. Clear and abundant urine.
10. Frequent and copious urinating in the morning, fasting, without having drunk anything.
11. Great deal of mucus suspended in the urine.
12. Almost complete incontinence of urine and fæces.
13. Lies on his back in bed. The paralysis extends rapidly, affecting first the abdominal muscles, next those of the chest, then those of the neck, lastly the sphincters of the bladder and rectum.

## 32. BARYTA CARBONICA.

**Constipation :**

1. St. very hard, difficult to pass, with pain in the rectum and bloody mucus.
2. Tough st. Hard st., with burning in the anus.
3. St., first hard, knotty, then liquid.

**Diarrhœa :**

1. Urgent desire for st. ; she cannot retain the st. because it is forced out rapidly.
2. Diarrhœaic st. D. at night, with hæmorrhoidal pains.
3. D. towards morning, preceded by pain in abd. ; later in the day, suddenly, yellow st., with mucus and blood.
4. Soft st., with very urgent desire (previously there had been a hard one,) followed by burning and a pressing asunder in the rectum.
5. Light-colored st.
6. Passage of round worms or small pin-worms with the st.
7. Blood with st.
8. Frequent, small sts., with feeling of great relief.

**Dysentery :**

1. Bloody mucus with hard st.

2. Mucus and blood with diarrhæic, yellow st.

**Aggravation :**

1. Night.
2. Towards morning.

**Before St :**

1. Pain in abd. Rending pains in intestines.
2. Feeling of fulness above the pubes, as though **everything** were stopped, and the abd. would burst.

**During St :**

1. Pain in rectum.
2. Burning in anus.
3. Hæmorrhoidal pains.
4. Feeling of great relief.

**After St :**

Burning and a pressing asunder in rectum.

**Rectum and anus :**

1. Sore pain and burning around anus. Painful soreness of anus as if excoriated.
2. Biting in anus. Crawling in anus. Round and pin worms in rectum.
3. Frequent passage of blood from anus, with distension of abd.
4. Hæmorrhoids of the size of a hazel-nut, with smarting and sticking pains.
5. Protrusion of hæmorrhoids both during stool and urination.
6. Sticking pains in the rectum.

**General Symptoms :**

1. Great irresolution about small things. Great forgetfulness.
2. Children do not desire to play ; are inattentive to study ; afraid of men (strangers).
3. Vertigo, with headache and nausea on stooping.
4. Pressive sticking in the vertex, extending through the whole head, whenever he stands in the sun.
5. Tongue much coated.
6. The whole mouth becomes filled with inflamed vesicles, especially the palate and inside of the cheeks.
7. Much trouble with tough phlegm, which has no end, and makes the mouth dry and occasions a kind of thirst.
8. Foul, bitter taste and smell in the mouth.
9. Inflammation and suppuration of the tonsils.
10. Hunger and thirst insatiable.
11. Hunger without appetite.
12. Aversion to sweets and fruits.
13. Eructations from afternoon far into the night preventing sleep. Forcible eructations, with pressure in the stomach, as if a stone rose and fell down again. Empty eructations wake him from sleep in the morning.
14. Eructations sweetish or of bitter fluid. Rancid, sour eructations after dinner.
15. Violent hiccough in the forenoon and after eating.

16. Nausea in the morning, with palpitation and anxiety.
17. Frequent vomiting of mucus.
18. Pressure in the stomach as from a stone, relieved by eructations. \* \* \*
19. Sensitiveness in the 'pit' of the stomach ; on stepping hard he feels every step painful in it.
20. Hard, tense abdomen.
21. Painful distension of abd.
22. Offensive flatus.
23. After dinner, much desire to urinate.
24. After urinating, renewed desire therefor ; she cannot retain the urine, it passes so rapidly.
25. The urine, clear on passing, soon becomes cloudy. Yellow sediment in the urine.
26. Several swollen glands in the neck and occiput.
27. Weary, as with sleepy eyes, during the whole day.
28. After eating, so tired that she cannot raise the hands ; she is too weak to masticate.

**Remarks :** Both the acetate and the carbonate of Baryta have characteristic symptoms and symptoms peculiar to each, and therefore likely to be useful in cases which present analogous symptoms. As Dr. Bell has well remarked that "**Baryta carb.** will occasionally prove useful in the diarrhœa of scrofulous children. The concomitant symptoms and the appearance of the child are more characteristic than the stool." According to Hahnemann the Carbonate of Baryta may be used in constipation with hard, knotty stool, or with hard, insufficient stool, especially, we should add, if occurring in the paralytic, in which case **bar. acet.** would be more suitable.

### 33. BELLADONNA.

#### **Constipation :**

1. Constipation, with colic, uneasiness, and burning in abd.
2. Delayed and difficult, although soft sts.
3. Torpid state of bowels. Evacuation slow and dry.
4. Suppression of st. and urine, with profuse sweat.
5. Passage considerably harder but scantier than usual.

#### **Diarrhœa :**

1. Straining, followed by scanty diarrhœaic evacuation, which again is followed by increased straining.
2. First, a soft diarrhœaic st., then frequent desire for st., but little or nothing coming out.
3. Offensive, greenish D. Copious, fluid, greenish evacuation.
4. D. with dark discharges.
5. St. somewhat less consistent than usual, and colored greenish.
6. Involuntary st., temporary paralysis of sphincter ani.
7. Frequent watery sts., studded with small white flocks, with colic, cramps in the stomach and limbs, chills, headache, debility and restlessness ?

8. D. with pressive pain at the stomach, burning in the abd., and inclination to vomit?
9. Light-colored, rapid, and involuntary st.?
10. Sts. have a very sour smell.

**Dysentery :**

1. Pappy sts. mixed with mucus.
2. Granular (curdled), yellow, somewhat mucous st.
3. Slimy and bloody diarrhoeic sts.?
4. Very frequent small stools, one evacuation is hardly finished before an urging is felt for another?
5. Rapid discharge of slimy diarrhoea, preceded by contractive pain in rectum and sore pain in epigastrium, followed by empty straining.

**Before St :**

1. Straining. Contractive pain in the rectum and sore pain in epigastrium.

**During St :**

1. Straining (tenesmus).
2. Distinct, rapid, severe shootings in rectum.
3. Prolapsus ani?

**After St :**

1. Increased straining.
2. Tensive sensation below navel ; sense of fulness in abd.

**Rectum and Anus :**

1. Hamorrhoidal flow.
2. A sort of tenesmus, a constant pressing and urging towards the anus and genitals, alternating with painful contractions of the anus.
3. Violent, sudden, painful itching in lower part of rectum and anus.

**General Symptoms :**

1. Delirium, continuous or paroxysmal, mirthful or furious.
2. Inclination to bite whatever comes before him.
3. The boy does not know his parents ; seeks continually to spring out of his bed.
4. The head hot, face red, look wild and staring, pulse small and frequent, pupils dilated, arteries of neck and head visibly pulsating.
5. Intolerance of light and noise.
6. Intense headache. Heaviness of head.
7. Unsteadiness of head and hands. Convulsive shaking of the head. She bores deep into the pillow.
8. Comatose condition, with rattling in the throat, very red face, dilated pupils, convulsions of the extremities, very hot skin.
9. Weeping and ill-humor on awaking out of sleep.
10. Face red, hot, swollen as in erysipelas ; or pale, cold as in fainting.
11. Grinding of the teeth.
12. In the morning the mouth is full of mucus ; he must wash

- it from time to time ; after eating the mucus disappears.
13. Excessive dryness of the mouth and throat, especially of the tongue, interfering with deglutition and speech.
  14. The papillæ of the tongue deep red, inflamed and swollen.
  15. Tongue dry, cracked, difficult to move ; cracked, white-coated tongue, with much flow of saliva ; tongue dry, of a yellow brown color.
  16. Disgusting taste in the mouth, with clean tongue. Slightly, sweetish taste. Weak, aromatic taste. Salt-sourish taste. At the commencement, food has its proper taste, but all at once every thing tastes too salt or disagreeably insipid. Bread tastes sour to him. Putrid taste comes up from the fauces.
  17. Diminished appetite ; animal food is especially repugnant. Long-continued repugnance to food. Repugnance to milk which has a very repulsive smell and sour bitter taste, going off on continuing to drink. Repugnance to coffee, to camphor, to beer, to acids. Loss of appetite, especially after smoking.
  18. Anorexia, with empty feeling and hunger ; on commencing to eat he relishes the food and eats as usual.
  19. He is seized with a desire for this and that, but has no relish if he eats it.
  20. Appetite for thin broth, for bread and butter, but for nothing else.
  21. Entire thirstlessness. Aversion to all fluids, so that she behaves frightfully at sight of them. Forceful administration of fluid medicine makes her furious. Or else, excessive thirst, for cold water, and cold drinks generally.
  22. Eructations tasting of the ingesta. Burning, sour eructations, during which a corrosive acid moisture came into the mouth, with a kind of strangling. Bitter eructations ; a spasm composed partly of eructation and partly of hiccough.
  23. Several attacks of violent hiccough. Violent hiccough which jerked her up.
  24. Hard pressure in the stomach especially after eating. Violent stomach-ache after a meal, and also later. Painful aching in the pit of the stomach only when walking ; it forces him to walk slowly.
  25. Belly-ache, as from a hard weight, only when walking and standing, going off when sitting.
  26. Sensation of turning and twisting in the bladder as if from a large worm, without desire to micturate.
  27. Frequent desire to urinate, with passage of very small quantities of urine of natural color, but can only do so drop by drop.
  28. Involuntary emission of urine ; temporary paralysis of neck of bladder. Retention of urine followed by dysuria. Suppression of urine and stool.

29. Quantity of urine diminished ; or more copious than the quantity of drink taken would warrant.
30. Yellow and clear or turbid urine. Sediment white or red.
31. Restless sleep before midnight ; the child tosses about, kicks, and speaks crossly in its sleep. Restless sleep, from dreams about men and business, from frightful dreams, from vivid but unremembered dreams.
32. During sleep, continual starting, singing and loud talking, moaning. Starts up and wakes just when about to fall asleep.
33. Sleeplessness from anxiety, from phantasies, from a delusion that he has something very necessary to do.
34. Very deep sopor, with subsultus tendinum, pale cold face, cold hands, and hard, small, rapid pulse.

II

**Remarks :** We have marked the symptoms obtained from Houat's provings with an interrogation to show that we consider them very doubtful. But even without these symptoms, there are enough to show that **belladonna** does exert a very extensive and powerful influence on the digestive tract, probably not directly by acting on its substance, but indirectly by acting upon the governing nerves, as the late Dr. Carol! Dunham has suggested. In this department it is, we should think, a rather neglected medicine. Properly selected, it may be useful in constipation, diarrhœa and dysentery. It is for this reason we have given the general symptoms in some detail. The following case of Dr. F. D. Johnson, quoted by Hoyne, shows its power in dysentery : "Mr. B., aged forty, has had for a week acute colicky pains in the lower part of the abdomen ; frequent loose stools of bloody mucus with tenesmus during stool ; pains appear and disappear suddenly ; better by holding the breath and pressing down. **Bell. 3** one dose, cured." Dr. Bell has very properly said that "**Belladonna** will be found suitable for children more frequently than adults." This is probably due to the fact that the nervous system is much more excitable, and that the brain sympathizes more readily with disorders of the alimentary system, in children than in adults. Nevertheless in advanced cases of diarrhœa, dysentery and cholera, whether in children or adults, when cerebral symptoms have supervened, and when the symptoms of the stool and of the urine correspond, **bell.** will do immense service.

. (To be continued.)



## Gleanings from Contemporary Literature.

### HOMŒOPATHIC PRACTICE.\*

By DR. HUGHES.

**GENTLEMEN,**—We have now surveyed the method of Hahnemann, in all that is essential to it. It is a rule—let likes be treated by likes. The “likes” are—on the one side the clinical features of disease, with such knowledge of its ætiology and pathology as can be had ; on the other, the physiological action of drugs. This similarity is to be, as far as possible, generic, specific, and individual ; and the remedy thus selected is to be given (as a rule) singly, rarely, constitutionally, and minutely. If you have followed with concurrence the reasonings I have set before you, I trust you are satisfied that this method has every claim—scientific and practical—upon our acceptance ; that our wisdom as medical men is to carry it out wherever it is applicable. a

I have yet to speak to you of some subsidiary matters—of the philosophy of homœopathy, the rationale of its curative process ; of its history in the world of medicine ; and of its claims on the profession. I shall also say something of the theories of its founder, which, though logically unconnected with his method, have actually had a good deal to do with both its controversial and its practical aspects. But before passing on to these, I feel bound to dwell on another series of considerations. I am assuming that you accept the method of Hahnemann, that you intend to adopt “homœopathic practice.” What does this involve ? What alteration does it make in your relation to the profession and the public ? What duties does it lay upon you ? What provision must you make, and what course of action must you follow, to carry it out aright ? You may well ask such questions ; and I am bound to answer them. Let us pass to-day, then, from the principles of homœopathy to its practice.

I. When Hahnemann first propounded his method, he did so in the ordinary medical journals, addressing himself to his colleagues. He wrote, as he acted, in the liberty which every qualified physician is supposed to have, of doing what he thinks best for his patients, and of expressing his views among his peers. But this liberty, which had been granted to every systematiser who had preceded him, and has never since been refused, was denied to him. The reform in therapeutics he proposed was so great, so sweeping ; the mode of treatment he would substitute for that then current so put to shame its complexity, its violence, its absence of solid base, that the practitioners of his day could not bear it. They silenced him in their journals ; they stirred up the druggists to hinder his dispensing his medicines ; they invoked the arm of the State to forbid the new practice. If any man would carry it on, he must do so secretly. It was outlawed alike professionally and politically.

Nevertheless, it was believed in : it was adopted. Those who dared to adhere to it found themselves excluded from all the associations whereby the practitioners of medicine seek to advance themselves in the knowledge of their art. Membership of medical societies, practice in established hospitals, freedom of utterance in professional journals, was denied them : the recognition of truth to which their reason led them, and the application of it for the good of their patients to which their conscience constrained

\* A Lecture delivered in the London School of Homœopathy, June 30th, 1882.

them, were treated as crimes. Their only wish was to practise freely, in their natural position, what their judgment dictated to be best ; but this was sternly disallowed them. What was the result ? As they multiplied, they set up societies, hospitals, journals for themselves, calling these by the name of the method to which they were devoted. As time went on, schools and colleges had to be established to teach the new method, whose very mention was tabooed in the existing educational institutions ; and homœopathic pharmacies became necessary, where our medicines could be obtained, and homœopathic directories, from which the public could learn who were practitioners of the system.

The consequence is, that homœopathy has acquired an organisation. From a creed it has become a church. The new adherent to it at the present day finds it in this position, and the first question he has to decide is whether he shall join this church or not. Shall he simply embrace the creed, practising it as far as his patients and colleagues permit, and professing it no more than occasion demands ? Or shall he avow his faith, affiliate himself to homœopathic institutions, and allow his name to appear in the *Homœopathic Directory* ? Now, I am well aware of how much there is to be said for the former alternative. In the abstract, it is the legitimate course to follow. It was the mode of proceeding adopted in every country at the first, until the intolerance of the profession compelled its abandonment ; and each new convert must feel strongly induced to attempt it afresh. But, much as I sympathise with the sentiment which actuates him, I can have no hesitation in advising him to prefer the other course. The organisation of homœopathy was, indeed, forced upon it ; but, however acquired, it now belongs to it as a body to its soul. The position it has taken up was not of its seeking ; but, having been occupied, it cannot be abandoned without fatal misunderstanding. We, who have held the fort for many a day, must continue to hold it until our claims are yielded, and our method receives its legitimate recognition, our mode of practice its due liberty and honour. We cannot do so unless from time to time we receive reinforcements to supply the gaps left by age, sickness, and death. The greater our numbers, the better our institutions are manned and our journals filled, the more respect we shall win for our system, the nearer we shall bring the day when the profession shall be forced to recognise it and to invite us back to free fellowship. Till then, do not weaken the cause by standing aloof from its embodiments. Allow your names to be placed in the *Homœopathic Directory*, or rather, be proud of it as of an enrolment in a Legion of Honour. Seek service in any homœopathic hospital or dispensary which may be in your neighbourhood ; send cases to the homœopathic journals ; apply for membership in the British or other Homœopathic Society. Every man who acts thus lends fresh strength to the witness we bear to truth in medicine, and hastens the day of its victory.

I know that in the meantime the course of conduct to which I invite you involves heavy sacrifices. Things are not indeed as bad as they were, when to avow one's belief in homœopathy meant professional and even social outlawry. But the price is still a heavy one to pay. Such memberships and appointments as you may have you will find it hard to retain, and you will get no more. Consultations and assistance will be generally grudged, often refused. By many of your fellows you will be treated as a black sheep, spoken of behind your back as a fool, if not knave, met face to face with significant coldness. Even the more liberal-minded, though they tolerate you, will do it with a pity which is often contemptuous. There are, of course, exceptions to this rule, in individuals, and even in circles—among which Birmingham deserves honourable mention ; but as a rule it holds good. You must run the risk of being so treated. But what of that ? Are you the first who has had to suffer for truth—to go, if need

be, without the camp, bearing its reproach? Count the cost, indeed, before you make your avowal; but do not let it deter you from making it. To some extent you will find compensation. Another fellowship will welcome you, other places of honour and usefulness will be open to you. Still, you will be a heavy loser, and can only incur the loss in the firm conviction that you are thereby serving the cause of truth. This conviction is mine; I trust it may also be yours.

II. This, then, is the first thing I have to advise—that you avow your new faith in the most practical way, identify yourself with its body and not merely its soul, join its church as well as profess its creed. And now arises the next question,—What are the duties of the new position you have taken up? In what way do they differ from those of every practitioner of medicine?

Do you, in acknowledging the truth of homœopathy, bind yourselves to its exclusive practice? No; by no means. In becoming (as men will call you) “homœopaths,” you have not ceased to be physicians. “Physicianus nomen, homœopathicus cognomen,” we may say after St. Augustine’s manner. It is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system. We have protested against the tyranny which has ostracised us because we believe this “best” ordinarily to be homœopathy; and it is not for us to be entangled again with any other yoke of bondage. We must let no one impugn our right of unfettered therapeutical choice. In allying ourselves to homœopathic institutions we manfully recognise a truth which has laid hold of us, but which is at present denied and cast out: we in no way determine how far its practical consequences shall reach. Take up this position from the first. Claim to be (as I have said in another place) priests of the one Catholic Church of Medicine, however much the prevailing majority deny your orders and invalidate your sacraments. They force you into a sectarian position; but let them not inspire you with a sectarian spirit. Assert your inheritance in all the past of medicine, and your share in all its present: maintain your liberty to avail yourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. This is the only legitimate ground to occupy, and you should make it plain that on this you stand.

But while desirous of impressing this primary truth upon you, I would remind you that you have duties as “homœopathicus,” and not only as “physicianus.” Duties to your patients, for they will seek your aid as such; duties to the method itself, under whose name you enlist, and whose advantages you enjoy. The correlative of liberty here, as everywhere else, is loyalty; and without such counterpoise it degenerates into mere haphazard and empiricism. Our special vantage-ground is our practice according to law, instead of in the “unchartered freedom” of which our old-school colleagues boast, but of which the best of them must often tire. Do not readily forsake it. At the outset think even of liberty as little as possible. Children are not the better for being free; and the same may be said of novices in the method of Hahnemann. Your wisdom at the first is to practise it as exclusively as you can. Let experience, rather than *a priori* assumption, teach you where it needs supplementing by other means. You will actually do more good to your patients on the whole, than if you began as eclectics; and you will be acquiring habits of order and precision which will stand you in good stead as you go on.

I am speaking thus, as regarding men who are about to commence practice in a new locality as avowed homœopaths. There are others, of course, who—already in harness—must erect their new building within the walls and under the cover of the old. They will begin by treating selected cases with their novel remedies, leaving unchanged the great bulk of their

practice. As they learn confidence and experience, they will push their homœopathy farther on, and let their former expedients drop more and more into the background. At last the latter will have become the exception, and the former the rule of their practice, and the term "homœopathic" becomes justly applicable to their position and mode\* of treatment. They will then have reached the ground already occupied by those who have practised homœopathically from the beginning. But there will be this difference. They will have learnt what are the exceptions to the rule *similia similibus curentur*, and what are the auxiliaries with which it must be carried out. No man can know these so well as he who has worked out the subject for himself. Nevertheless, homœopathic practice as a whole is, regarded scientifically, a vast experiment towards the decision of the question how far likes cure all diseases without the aid of other means; and the results of that experiment, so far as it has gone, are available for the beginner. Let me briefly indicate them here.

1. First of all, you will remember that drug-giving, however important, is not the beginning and end of the physician's duty. He has to adapt to his patient all natural forces and circumstances within his control—heat and cold, light and air and water, rest and exercise, food and stimulus. He has to remove mechanical obstacles, and neutralise chemical or organic infections. You must not call the measures—surgical, regiminal, hydro-pathic—by which you effect these ends, "auxiliaries;" you must not imply that they lie outside the ordinary path of medicine. Do not enter upon homœopathic practice with the thought that all your knowledge and command of natural influences may henceforth be laid aside. You must be—as Hahnemann ever was—hygienists, that you may also be healers.

2. This applies to the fundamental duty of the physician, whatever be his medical creed. He must obey the rule "*tolle causam*," when practicable, before any other; he must remove the *lædientia* and supply the *juvantia* of nature at large. But when, now, the physician practising homœopathically comes to his own rule, "*similia similibus curentur*," he must bear in mind the limitations of it inherent in its own nature. Likes can only be treated by likes, where likes are to be found. Where your patient's trouble is one which drugs cannot simulate on the healthy body, you cannot apply your law. You will remember the instances of this which were suggested when we were on the subject. How can drugs produce anything like the disorder of sensation and function attending the passage of a calculus? How can they supply analogues to neoplasmata? Homœopathic medicines may do something for such conditions, as every now and then they have done; but there is no homœopathy, strictly speaking, in their administration. The homœopathic practitioner is not passing by his law, if in the one case he hushes pain or relaxes spasm, if in the other he melts down the morbid growth by a liquefacient.

3. But, over and above such qualifications and limitations, the rule *similia similibus* may have practical exceptions—exception found to be such from experience, not necessary, nor such as could be foreseen *à priori*; in all probability provisional only, but actual, and to be duly regarded. Are there many, or any, such? Well my *Manual of Therapeutics* expressly contemplates such cases. It is "according to the method of Hahnemann;" and of that method it says—"There may be diseases which lie beyond its possible range; and still more likely is it that there are diseases which have not yet come within its practical range. Accordingly, our first step must be to enquire what homœopathy can do—as compared with the capabilities of old physic—in each malady that comes before us. What is the answer to such enquiry? I find only the following instances in which a candid survey of actual practice gives the preference to non-homœopathic measures:—

(a.) The use of cold baths in typhoid fever seems to give better statis-

tics as regards recoveries than even our own treatment can boast.\*

(b.) The recurrence in relapsing fever cannot be prevented by homœopathic remedies ; but can be by antiseptics like the *hyposulphite of soda*.†

(c.) We have nothing to take the place of full doses of *iodide of potassium* in tertiary syphilis.

(d.) In peritonitis from perforation we must give full doses of opium, as in ordinary practice, if we are to have a chance of saving our patients.

(e.) In cardiac dropsy we can rarely get the good effects of *digitalis* without the induction of its primary physiological effect, so raising the arterial tension.

(f.) *Nitrite of amyl* is a better palliative in the paroxysms of angina pectoris than any homœopathically-acting remedy.

(g.) The use of *iodide of potassium* in aneurism seems outside the range of our method, and is yet a most valuable piece of practice, on which we cannot improve.

(h.) In uræmic coma, measures for relieving the brain of the "perilous stuff" which is oppressing it—if needful, venesection itself—are of more avail than the best drug-treatment.

These eight, I say, are the only instances I can find in which, homœopathic treatment being applicable in the nature of things, it is at present so excelled as to be displaced by measures of another kind. You will see at once how few they are in proportion to the mass of ills where the balance is just the other way. You will thus be encouraged to commit yourselves freely, with such reservations, to the guidance of the homœopathic law. Let none impugn your liberty, but let all respect your loyalty: so you will witness the method you profess, and will have the approval of your own best judgment.

III. Such is the counsel I would give you as to the general ordering of your practice. Let us now go more into detail, and see what should be your actual work at the bedside and in the consulting room.

I have spoken of the selection of the homœopathic remedy. I have shown you that its similarity should be, as far as possible, generic, specific, and individual: I have indicated the parts which generalisation and individualisation respectively should play in the process. Descending now from principles to practice, let me advise you to let generalisation predominate in your prescriptions for acute disease. That is, do not let your thoughts range down the whole *Materia Medica*, from *aconite* to *zincum* (as we used to say ; now it must be from *abies* to *zizia*), in search of your *similimum*. Fix them rather upon the group of medicines which general consent has associated with the malady before you. They were first arrived at by the rule *similia similibus* ; or, if obtained *ex usu in morbis*, they have seemed warranted *a posteriori* by it. They have stood the test of long and wide experience, so that you may be sure of their answering to the species—the essence of the disease. Suit them, as among themselves, to the form and stage of the malady ; but do not, without very grave cause, go beyond them in search of a closer similarity, which is too often illusory. Of course no finality is contemplated : new remedies must from time to time be introduced, and old ones extend their known range of action. Leave this, however, to men of larger experience ; as beginners, you had better keep to the ground already surveyed. In the presence of pleurisy, the best thing you can do for your patient is to appropriate *aconite* and *bryonia*, *cuntharis* and *apis*, *arsenicum*, *sulphur*, and *hepar sulphuris* to the inflammation and effusion. If pneumonia is before you,

\* See Dr. Bakody's report of the Pesth. Hospital (*Brit. Journ. of Hom.*, xxxiv. 149.)

† So Dr. Dyce Brown in *Brit. Journ. Hom.*, xxi. 363.

*aconite*,  *Bryonia* and *sulphur* again, with *phosphorus* and *tartar emetic*, comprise the whole ordinary therapeutics of the disease. Some five or six medicines in variola, seven or eight in scarlatina, ten in continued fever, twelve in chronic intermittents (in recent ones four will suffice), are as many as are ordinarily required for your choice ; and our best comparative results have been obtained where—as with yellow fever and cholera—our remedies have been few in number and everywhere the same.

The same rule holds good even in chronic disease, where the disorder conforms to a recognised type. You will get little good, in diabetes, by deserting *phosphoric acid* and *uranium*, in rickets, by going beyond *calcareæ*, *phosphoric acid* again, and *silica*. But when your patient's narrative has gone so far as to satisfy you that you have to deal with an anomalous case of no definite character, you will do well to let your mind work freely among the medicines which the symptoms suggest. Go upon the plan of exclusion. Test the remedy which first occurs to you by the next symptom mentioned. If you have chosen aright, it will harmonise therewith : if not it will suggest another, and the symptom next following will decide between these, or supply a third candidate for your acceptance. So, step by step, you will proceed ; and when the whole case is before you, you will have obtained as the result of your elimination one, two, or three medicines, which seem well to cover the case. These you will then prescribe, in succession or alternation, as you may determine ; and, if you have proceeded carefully, you will find them the fundamental remedies for the disorder. They may be with advantage suspended for a time, or even replaced by others ; but you will be driven again and again to them, and ultimately it will be with them—if ever—that you gain the day.

In thus choosing, do not neglect to supplement your memory by reference to the *Materia Medica*, and to its indices—the repertories. Do not, indeed, be ashamed of doing so in the presence of your patients, if need so requires ; they will not complain of you for taking too much pains. But especially when the day's work is over : when a new case has come before you, or an old one hangs fire,—review its symptoms. Look them up one by one in your repertory ; follow the drugs indicated to the *Materia Medica*, and weigh well what you find. Do not be hasty, or too fondly credulous : examine into the source of symptoms ere you trust them : but if you can safely do so, essay the medicines to which they point. You will thus frequently gain unexpected successes, and will be ever enriching your armamentarium. In acute and typical diseases, the fewer your remedies the better : but beyond this range, you can hardly have too many. It is here, that the mere *specificker*, the mere organopathist fails ; while the full method of Hahnemann wins victories which are a continual source of delight.

IV. And now a few words about the choice of dose. I have spoken with sufficient fulness of the general facts and principles of homeopathic posology. Short of actual experience, you are in a position to judge for yourselves what you will do in the matter. I do not wish unduly to bias you on so moot a question. It would, however, be carrying reserve too far—it would be neglecting your obvious interests, if I failed to give you some practical advice—from an experience of over twenty years—as to the doses you should commonly employ.

And here, as in the choice of the remedy, I would distinguish two categories into which your cases will fall. We have seen that the object of attenuation is two-fold—to avoid aggravation and collateral disturbances, and to develop the peculiar properties of drugs. Now in the acute, typical disorders—the fevers, inflammations, catarrhs, neuralgias, spasms—which constitute the bulk of daily practice, the first-named object need alone be sought. The medicines with which you combat them are such as are

already active in their crude state : your only care need be to protect your patients from their over-activity, to see that their physiological be wholly absorbed in their therapeutical action. For this purpose but moderate attenuation suffices. If you carry in your pocket-case the first decimal of *aconite*, *baptisia*, *belladonna*, *brionia*, *gelsemium*, *ipecacuan*, *iris*, *nux vomica*, *rhus*, and *spongia*, the first centesimal of *apis* and *tartar emetic* ; the second of *arsenicum* ; the third of *mercurius corrosivus*, *phosphorus* and *veratrum album* ; if you reinforce these with a few medicines of like strength to meet special contingencies—as *hamamelis* for hæmorrhage, and *camphor* for shock and collapse,—you will have a quiverful of shafts which will rarely need augmenting. By further dilution, if need be, at your patient's house you can exactly proportion the dose to age, sex, and susceptibility ; and you will rarely do anything but pure good.

It is otherwise when you have to deal with chronic disorder in its almost infinite variety. Your range of medicines here is a wide one, and so also must be that of your dose. Of the drugs among which you will have to choose many are such as only develop active properties after a certain degree of attenuation : such are *sulphur*, *calcareas*, *silica*, *lycopodium*, *natrum muriaticum*, *sepiæ*. Certain actions, moreover, of the more potent, and even of the feebler drugs, belong to them peculiarly in infinitesimal form. I may cite *arsenic*, *phosphorus*, and *nux vomica* in the former category, *chamomilla* and *coffea* in the latter. In my *Pharmacodynamics*, when speaking of the dosage of each drug, I have noted these points ; and they may well lead you, as they have led me, to associate certain potencies with certain medicines, making the two almost as inseparable as the words and time of a song. *Sulphur* 30 is a definite remedy to me, dose and all. I know what I can do with it as I know the powers of *aconite* 1x. So I can say of *lycopodium* 12 and *silica* 6, and of many other drugs. I require here, therefore, a wide range of dosage as regards my remedies ; and still more as regards my patients. Their variations in susceptibility are great ; they require change of potency from time to time as well as of medicines ; the protean transformations of their maladies have to be followed up with corresponding shiftings of means. I do not know that you need go higher than Hahnemann's 30ths ; but, as you have thus already got beyond the estimated divisibility of matter, you will hardly be taking a fresh step if you dip occasionally into Dunham's 200ths.

In such affections, then, while not neglecting the lowest preparations, I advise you to rely largely upon the medium and higher—to use attenuation for developing the finer actions of drugs which you desire to bring into play. In prescribing for other than acute disorders, you should always—if possible—do so from a homœopathic chemist. There are plenty such in this country—intelligent, well-informed men : they have an excellent *Pharmacopœia* for their guidance : you may rely upon them, and should support them. The best way of prescribing is to order a drachm or two of the tincture or trituration, directing the proper number (three is a good average one) of drops or grains to be taken at a dose. The tinctures can be thus measured by being dropped into water from the phial ; for the triturations small scoops are provided, holding about three grains by weight, which will best be taken dry on the tongue. Sometimes, when quantity is no consideration, and when the convenience of busy men or the tastes of children are to be consulted, you may give the medicines in the form of pilules, or even of globules ; but I confess that I am not fond of these preparations, and do not advise their preferential choice.

V. A practitioner's medicines form his chief apparatus for practice ; but next come his books. What works, you may fairly ask me, should you add to your library, and what use should you make of them, to enable you to super-add a literary knowledge of homœopathy to that of medicine in general ?

Well : first of all you should be well grounded in the principles of our system. You should study Hahnemann's *Organon*,—in which task I venture to think that you will be helped by reading the lecture on "Hahnemann as a Medical Philosopher," in which I have endeavoured to expound the great work of the master ; and you should follow it up by a thoughtful perusal of the posthumous volume of essays by the late Carroll Dunham, entitled *Homœopathy the Science of Therapeutics*. For an independent study and presentation of the subject, I may commend to you the *Essays on Medicine* of the venerable Dr. Sharp. If you will also read at your leisure the *Lesser Writings* of Hahnemann which Dr. Dudgeon has collected and translated for us, you will have attained thorough and scholarly knowledge of the basis of the new method you intend to practise.

Next, you must possess, in some form or other, the *Materia Medica* of Homœopathy—the collection of the pathogenetic effects of drugs with which it works the rule, "let likes be treated by likes." If your means allow, the best way in which you can do this is the purchase of the ten volumes of Allen's *Encyclopædia*. You will have there every symptom which the most untiring industry could collect as resulting from the action of medicines on the healthy, though with the wheat you must take a multitude of tares growing side by side with it till the time of harvest. If a work of such cost is beyond your reach, do not take any form of Jahr's *Manual* instead, still less the *Condensed Materia Medica* of Hering. These compilations are quite untrustworthy : they give you pathogenetic symptoms without enabling you to judge of the nature of their source, and the latter blends with them "clinical" symptoms—i. e., such as have disappeared while the drug was being taken—without note of distinction. I have reason to hope that ere long a revised *Materia Medica*, sound in material, intelligible in presentation, and within the reach of all, will be given to the homœopathic world. Until this is done, I would advise you to content yourself with such expositions of the *Materia Medica* as have been delivered by lecturers on the subject, and have found their way into print. Among these I may name Hempel's, Dunham's, and my own ; and I hope that ere long I shall be able to add those which Dr. Pope has been delivering in this school, several of which I have heard with great satisfaction. If possible, however, procure also Hahnemann's own *Materia Medica Pura*, which we now have in excellent rendering and shape. Its preface and notes alone make it worth possessing ; and though you may not learn much *a priori* from reading its lists of detached symptoms, yet, when a repertory refers you to them, you will have them in their original and only available form.

Of repertories themselves I have already spoken to you : it only remains that I indicate the best treatises on the homœopathic practice of physic. By some these are discountenanced altogether, on the ground of the pure individualisation which is conceived as governing our therapeutics. To this I need not tell you that I cannot assent : I hold it on the other hand a great gain that the accredited homœopathic treatment of the definite types of disease should be set down for the guidance of the beginner. I have worked myself in this field also ; but far more elaborate treatises have been given us by Drs. Bähr and Kafka in Germany, and Dr. Jousset in France. The *Science of Therapeutics* of the first, and the *Clinical Lectures* of the last, are available for us in an English dress ; and we shall all welcome Dr. Dyce Brown's addition to our store, when he gives to the world the teachings on the subject which have so long been valued here. Read such books through ; consult their appropriate sections when you have to treat each form of disease ; and you will gain strength and light incalculable for your daily work.

In addition to these, take in as many homœopathic journals as you can afford, from England, from America, and from other countries with whose



language you may be acquainted. Take them in, and read them—a consequence which does not always follow. Give those who edit and supply them the support of feeling that their work is appreciated ; and reap the utmost benefit of it for yourselves. Dwell in no isolation ; indulge in no self-sufficiency. You can only live in the life of the body to which you belong : in its growth alone can you grow. You are cut off at present from the wider fellowship of the profession at large ; but you can cultivate the corporate virtues in your narrower circle. The great hindrance to the spread of homœopathy in the old world has been the lack of *esprit de corps* among homœopathists : had it not, indeed, possessed the vitality which truth alone can give, it had perished long ago in the midst of our dissensions and divisions. I trust that you will not contribute to these, but will rather bring strength to the heart of the body—its centre of life and unity. You will do this as you think more of the essentials of the method than of its accidents ; as you cultivate it for the good of your patients rather than for the filling of your own pockets ; as you count all difference of opinion as to means a small thing in comparison with our common end—the promotion of the good cause we have at heart. Practise homœopathy in this spirit ; and you will do your part, small or great as it may be, for the reform in medicine which one day will be seen to mark with white the nineteenth century of our era.—*Monthly Homœopathic Review*, August 1882.



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THE INTERNATIONAL HOMŒOPATHIC CONVEN-  
TION OF 1881, AND THE BRITISH HOMŒO-  
PATHIC CONGRESS OF 1882.

IN opening the third British Homœopathic Congress, held in Edinburgh, in 1852, Dr. Henderson beautifully and justly said, "The institution of scientific associations, for the purpose of meeting periodically at different places, may be regarded as peculiar to this busy, enterprising age, and the purposes they serve are both important and manifold. . If they do not actually plant the lamp of science where its light had been previously unknown, they at least refresh it with oil, and make it burn the brighter in the places they visit. They awaken a public interest—a popular interest in the progress of useful knowledge, more than local, stationary, and more familiar societies usually do; and by bringing labourers from different parts of the fields of science and from different countries, they quicken the interchange of new truths, and enliven their devotion to their favorite studies by affording them opportunities of intercourse with persons of different tastes." It is on account of this importance of periodical gatherings for the purpose of taking note of the progress of

knowledge that we intend to attend the International Convention that was held in London in 1881, a Congress that has been recently held, though not so recent as regards the former.

The last annual Congress of British Homœopathic Physicians, which we noticed in this Journal, was the Congress of 1874. Since then altogether six congresses have been held, previous to the International Homœopathic convention held in 1881, which took the place of the Congress that would otherwise have been held in that year. As these congresses are important from their bearing on the progress of homœopathy in particular and of medicine in general, we give a synopsis of their work as follows:—

The Congress of 1875 was the 6th *revived* congress, and the 13th since the beginning. It was held in Manchester, on Thursday, September 9th, under the presidency of Dr. Bayes. The subject of the presidential address was the "Position of Homœopathy in the Rational Practice of Medicine." This was followed by a paper on "A Scientific Principle for Toxicology," by Dr. Sharp; a paper entitled "Notes on Uterine Therapeutics," by Dr. Luddam of Chicago; a paper on the "Differential Diagnosis of Ulcers and Cancer of the Stomach," by Dr. Meyhofer of Nice.

The Congress of 1876 was held at Clifton, Bristol, on the 21st September, under the presidency of Dr. Hayle, of Rochdale, who delivered an address on "The Medical World; its Parties, its Opinions and their Tendencies." The papers read were, "Additional Facts and Remarks in Illustration of Antipraxy, the contrary action of larger and smaller doses of the same drug," by Dr. Sharp; and a paper on "The Action of Drugs on the Pulse, with observations with the Sphygmograph and the Thermometer," by Dr. Nicholson, of Clifton.

The Congress of 1877 was held in Liverpool, on Thursday, the 13th September, under the presidency of Dr. A. C. Pope, who delivered an address on "The Cause of Professional opposition to Homœopathy," which was published in extenso in this Journal. The papers read were, the "Opposite Action of Drugs in large and small Doses," by Dr. Drysdale; "the two Homœopathies" by Dr. Hughes; on "Pulmonary Emphysema" by Dr. Edward Blake, of Reigate.

The Congress of 1878 was held at Leicester, on Thursday, the 26th September. The chair was occupied by Dr. Gibbs Blake, of Birmingham. The subject of the presidential address was "Evidence as applied to Therapeutics." The papers read were, "Homœopathic Hospitals and Dispensaries—a Comparison," by Dr. John W. Hayward; "the Place of Antiseptics in Modern Therapeutics," by Dr. J. Galley Blackley; "the use of External Applications in Homœopathic Practice," by Dr. Dyce Brown.

The Congress of 1879 was held at Great Malvern, on Thursday, the 11th September, under the presidency of Dr. Richard Hughes, of Brighton and London. The presidential address was on "Homœopathy: its Present State and Future Prospects." The Papers read were, "Further Remarks on the Therapeutics of Phthisis Pulmonalis," by Dr. Nankivell; "On the Revival and Further Development of Organopathy during the first Half of the Present Century," by Dr. Burnett, read in his absence by Dr. Pope; "the Homœopathic Treatment of Internal Aneurism, illustrated by a successful case", by Dr. Flint, of Scarborough.

The Congress of 1880 was held at Leeds, on Thursday, the 9th September, under the presidency of Dr. Yeldham, of London, who read an address on "the Pursuit of Certainty in Medicine." The papers read were, "The Prevention of Hare-lip, Cleft Palate, and other Congenital Defects, as also Hereditary Diseases and Constitutional Taints, by the Medicinal and Nutritional Treatment of the Mother during Pregnancy," by Dr. J. Compton Burnett; "the Need and Requirements of a School of Homœopathy," by Dr. Drysdale; "A Scheme for Mutual Recognition," by Dr. Bayes. It was at this meeting that Dr. Dudgeon exhibited, explained the mechanism and demonstrated the mode of application of, his Sphygmograph, the chief and very great recommendations of which are its portability and the ease with which it can be used. It was at this meeting that arrangements were made for the holding of an International Homœopathic Convention in the following year.

The meetings of the International Homœopathic Convention were held in London on Tuesday, Wednesday, Thursday, Friday and Saturday, being July 12th, 13th, 14th, 15th, and 16th respectively, 1881. This, our readers need hardly be told, was the Second International Convention, the first having been the

World's Homœopathic Convention, held in Philadelphia, in 1876, under the presidency of the late Dr. Carroll Dunham. The Convention was opened by an address by the President, Dr. Richard Hughes. The address was in every respect worthy of the occasion and of the gentleman who delivered it. As was justly remarked by the Editors of the *Monthly Homœopathic Review*, "Scholarly in style, graceful in expression, replete with feeling of the purest type, Dr. Hughes appealed, as he is ever wont to do, not only to the heads, but to the hearts of his audience, and gave a tone to the proceedings which was sustained to the last." The objects of the Convention were declared to be "to communicate thought and experience, to cement friendly union, and to confer as to the best modes of propagating and developing the method of Hahnemann." On each of these points the President made very pertinent and wise remarks. With reference to the propagation of homœopathy, this was, he said, in the power of every practitioner of the system, or method, as Dr. Hughes prefers to call it, though of course it must have its apologists and missionaries. "The best preaching is practice.\*\* It is from facts like these that most of us have been led to inquire into homœopathy. The conviction of its reasonableness has encouraged us to go further but our first advances have been prompted by its success. And this is a propaganda which is in the hands of every one. The opportunity of public utterance and the faculty for it, belong to the few, but all in their measure may commend the method by their application to practice." And this, indeed, is the fact. Reasoning has seldom convinced any body, *a priori* conceptions being all against the system. But success has always commanded conviction. Those, who venture to depend more upon their logic than upon facts of cure, would do well to bear this sound advice of Dr. Hughes in mind.

The development of Homœopathy depends upon the development of the materia medica. The difference between the materia of the old school and that of the new was pointed out. Notwithstanding its imitations of provings of the new school, the materia medica of the old school fall very far short of what it ought to be as containing instruments for the cure of disease. The one dealing with the general characteristics of drugs, the other with both general and particular. The one depending for its know-

ledge of drug-action upon experiments on animals, the other upon experiments on the healthy human subject. Hence Dr. Hughes rightly observed : " As it is human disease to which we want *similia*, and as this is largely made up of subjective symptoms, it is on the human subject that we make experiment ; and we faithfully record the whole series of morbid changes which occur after the ingestion of a drug. We test the effect of single full doses, to get analogues of acute disease, and of long-continued small ones, that chronic maladies may find their antitypes. Thus our pathogenetic knowledge, when truly obtained and registered, is like a picture gallery, in which the discerning eye may perceive the lineaments of all the morbid conditions to which flesh is heir. The men of the old school are aiming at knowing what drugs can do, that in disease they may induce such effects with them, when they judge it desirable. In old days, accordingly, they cared only to learn whether a given one could purge, or puke, or sweat, that they might class it as a cathartic, emetic, or sudorific ; and now they correspondingly limit their investigations to the question whether it is an excitant or depressant of certain nerve tracts. For such purposes dumb creatures suffice ; and hecatombs of these unfortunates are annually sacrificed in inquiries as to drug action. The differences of result, and therefore of opinion, are endless ; and the gain is proportionately small. The fact is, our old school colleagues work as if medicine were a science ; whereas it is an art, ministered to indeed by associated sciences, but independent of them. Our provings are within the sphere of art ; they are synthetic and sensuous, and correspond with the clinical study of disease. Those of the other camp are rather analytic, appealing to the reason, and are available only so far as morbid processes are scientifically understood. The record of the one recalls the graphic pictures of Hippocrates and Sydenham and Watson, to whose ever fresh lineaments the mind returns with pleasure, wearied with the merely intellectual refinements of modern nosography. The work of the physiological laboratory goes hand in hand with that of the dead-house ; the Hahnemannian pharmacology and pathology alike move in the region of life."

While we cordially agree with and approve of the main drift of the above remarks, we must question the correctness of the

opinion which represents medicine as not a science but an art only. Every art must have a scientific basis, and it is immaterial whether this is acknowledged and recognized by the professors and practitioners of the art or not. An art may have arisen, as most human arts have done, and even in the present day are doing, independent of and indeed previous to the formation of the science or sciences which underlie it or them. But an art must have its method or methods, process or processes, and these methods and processes must have principles or natural laws which regulate and govern them. It is the enunciation of these principles and their embodiment in a connected form which constitute a science, which is the science forming the basis of the art. Medicine had no scientific basis. it was in reality merely an empirical art, before the time of Hahnemann. It was Hahnemann who, following out the suggestion of Haller, and showing that there must be relationship between the symptoms produced by drugs and the symptoms of disease, gave the true scientific basis to medicine, indeed raised it from the lower platform of an empirical art to the dignity of a science. To say therefore, that the old school looks upon medicine as a science, whereas the new school looks upon it as an art only, is almost to reverse the fact, and to give credit where it is not due.

Notwithstanding its immense superiority the homœopathic *materia mēdica* is far from complete and perfect. This can only be remedied by repeated provings of new and reprovings of old drugs. Apart from this defect which is inseparable from, and indeed must be inherent in a first attempt, there is a serious defect which might have been avoided, and which has been due to the artificial form in which the symptoms of drugs have been thrown. "The only way to learn the action of a drug is to read and re-read the detailed records of its provings, and—if it be a potent substance—of poisonings with it" Hence Dr. Hughes urges the necessity of publishing the original provings, for which there is abundance of material ready to hand.

With reference to the cementing of friendly union, Dr. Hughes made very valuable suggestions. As yet union with the old school seems to be impossible, though the day must come "when 'homœopath' and 'allopath' should associate in mutual respect and equal freedom." But if we cannot effect an union with

the old school "we should draw closer the bonds which unite ourselves." And for this end he proposes, first, that there should be one Homœopathic Pharmacopœia for all countries; secondly, that there should be an International Homœopathic Directory; thirdly, that there should be free exchange of Homœopathic Journals, every homœopathic journal that is issued being sent to the office of every other throughout the world, getting the corresponding numbers of the others in return; and lastly, as the sum and crown of all our communications, there should be quinquennial recurrences of International Conventions. We say amen to all these proposals.

We have no space to give even a résumé of the various papers that were sent in to the Convention. They were all, the historical and the didactic ones, of great interest and importance, and we would recommend every one, who has not only the interests of homœopathy but of medicine at large at heart, should possess ~~themselves~~ of a copy of the Transactions, which will repay a hundred-fold the trifling sum of ten shillings fixed as its price.

The British Homœopathic Congress was held this year in Edinburgh, on Thursday, the 7th September, under the presidency of Dr. William V. Drury, of Bournemouth, who is also president of the British Homœopathic Society. The subject of the presidential address was "The Search after Truth." The address is a good one, being both interesting and instructive. We do not think, however, Dr. Drury has been very happy in his definition of truth, when he means by it "the recognition of all known scientific laws, and of all established scientific facts." Scientific laws are but condensed expressions or enunciations of scientific facts, and scientific facts are truths, or more properly speaking, phases of truth as reflected on the mirror of the intellect. Dr. Drury's definition, therefore, resolves itself into this—"Truth is, or means, the recognition of truth." From a high, Dr. Drury has become a low dilutionist, though he does not run down the higher dilutions, or say that in the hands of a man like his friend Dr. David Wilson they may not produce great results. But he cannot follow those who carry high dilutionism some in England and some in America the great lengths they do. Dr. Drury is unjustly and inconsistently severe towards the globule. "Unhappily for the success of homœopathy," says



he, "the globule was introduced, and became an abomination to medical men, and a strain on the belief of the public. It was a mistake." And yet he says that "it is well, however, to remember that in spite of the objections to the globule, the greatest advance that homœopathy has seen was made when it was in use!"

It is gratifying to note that Dr. Drury is thoroughly liberal and catholic in his views. He belongs to the class of philosophical Homœopathic physicians represented by the British Homœopathic Society and the London School of Homœopathy, and the following expression of opinion from his position of President of the British Homœopathic Congress of 1881 will no doubt be hailed with delight by all who care not for the interests of homœopathy alone, but also for the progress of medicine, and for the liberty of the physician.

"Now let me say a word as to our position. If any man adopts a name to enable him to work his way into practice, he is doing what is wrong. The British Homœopathic Society and the heads of our branch of the profession, that hold the belief in the law of homœopathy, have objected most strongly to anyone putting the word homœopathy on his door-plate. We claim to be physicians, and to be at liberty to adopt any treatment we think best for our patient. So long, then, as we pursue this line of conduct, we are practising our profession fairly, and if, doing this, others choose to act unfairly towards us, they are the greatest losers, for they expose themselves to the charge of acting from unworthy motives.

Errors have been committed, and rash words uttered by some of us. I have preferred giving up a patient to allowing him to have his own way about taking some auxiliary medicine. I should do so still if there was any attempt to dictate to me, but I would not seek to avoid running counter to the wish of my patient in a matter concerning his comfort unless I felt I was doing him a positive injury by letting him have his own way. Again, if I believed I could benefit my patient by the administration of a drug, homœopathic or not, I should hold myself free to use it.

Some may go much further than others in this, and I should be sorry to restrict any man's freedom, but I feel assured that anyone who fairly understands and believes in the homœopathic law, will think twice before he departs from it. Even in such a case as giving opiates to relieve pain, he will weigh the question whether he may not be purchasing temporary relief at too high a price. A man must act in such a case in such a way that he has a clear conscience.

Some years ago I treated a case of ranula of some standing with *mercurius*, under which treatment it disappeared. Recently I saw a case where it was not large or of long duration. I had not lost faith in *mercurius*, but

I thought that by applying *nitrate of silver* I would obtain the result I desired more expeditiously. I therefore used the caustic. The following day the size was lessened, and in a short time it disappeared. In former years I should have hesitated about departing from homœopathic treatment, but, expecting a result, I felt justified in acting as I did.

Our body is somewhat agitated at this time as to the retention of the name by which we are known. Some are charged with wanting to give it up. I know no one who wants to give up the word homœopathy. I do not know one that does not boast that he is a believer in it. It is the very ground on which we stand, it is identified with our hospitals, our dispensaries, our literature, and our school; therefore, as describing our system, it must be retained, but this expression of my belief does not compel me to give up my title as a physician, and adopt a name that makes me a sectarian. I write M.D. after my name, not homœopath. I think if this question is separated from party feeling, there need be no real difficulty amongst us about it. If I am called a homœopath, I will not quarrel with the man who, for convenience to himself, so describes me. If I am asked about my medical belief, I do not designate myself a homœopath, but I say I am a believer in homœopathy."

The papers read at the Congress were, "On the Influence of Infinitesimal Quantities in Inducing Physiological Action," by Dr. Blackley; "On a Case of Nephritis," by Dr. Wolston; "On the Periodicity of Disease and of Drug-action, by W. Deane Butcher, Esq., of Windsor, who also read a paper on "Periodic Disorders," by our colleague of Calcutta, Dr. L. Salzer. These papers were too valuable contributions to homœopathic literature to merit dismissal with a passing notice. We shall, therefore, consider them in some detail in our next.

## TREATMENT OF DISEASES OF THE SKIN.

(Translated from the French of Dr. P. Jousset in L'Art Medical.)

(Concluded from last number, p. 350.)

## L. PITYRIASIS.

This affection is characterized by the development of furfurs, of fine scales, sometimes lamellæ, strongly adherent, without any prominence. This is one of the dry skin diseases of the ancients.

If we separate from pityriasis, *eczema* arrived at the squamous stage, *pityriasis vericolor* which is a parasitic affection, and *pityriasis pilaris* a veritable variety of horny ichthyosis and like it incurable,—there rests only *pityriasis blanc* of authors.

*Pityriasis blanc* or *pityriasis simplex* appears in the form of white specks covered over with small scales, which detach very easily by rubbing. These specks are very frequent in the face. In the hairy scalp, pityriasis takes the name of *pityriasis capitis*. It constitutes what is commonly called pellicle in the head. This affection causes some pruritus, soils the dress which it powders with furfur, causes the falling of hair, and terminates by bringing on alopecia.

(a) *Arsenic* is, in both schools, the principal medicament. Besides, arsenic produces pityriasis by its physiological action. Dose : first trituration.

(b) *Graphites* is indicated by Bachr. The pathogenesis of graphites contains this symptom : abundant desquamation from the hairy scalp.

(c) *Sulphur* is advised by the two schools. Its pathogenesis contains the formation of furfur.

(d) *Local application*.—Lotions with sublimate (corrosive) in the proportion of a thousandth, or with hydrate of chloral in the proportion of from fiftieth to one hundredth, constitute the best topical application in *pityriasis capitis*. Sulphuretted pomades have been advised from a long time. The thirtieth or even the sixtieth part of flowers of sulphur constitutes a sufficient dose.

For pityriasis of the face a pomade of calomel in the proportion of one hundredth is quite sufficient.

(e) *Sulphurous waters* have been advised and used with success in the treatment of pityriasis. Alkaline waters of Royat have been prescribed with advantage in the gouty.

## M. PSORIASIS.

This is the type of dry skin disease. This very frequent affection is characterized by the formation of white and imbricated scales, very adherent to the skin. The scales are white like plaster and rest upon a base copper-red. Psoriasis causes little itching. Its progress is extremely chronic, and causes more or less considerable thickening of the skin which embarrasses the movements of the joints, and causes, above all, when it attacks the hands and the prepuce, cracks and rhagades more or less deep. It apparently heals up to reappear at the end of some months. Specialists regard it as absolutely incurable (Hardy). I have nevertheless observed some recent cases which have been cured by homœopathic treatment, and of which the cure has persisted since some years.

Psoriasis is divided into a good number of varieties according to its form and seat; but these are of no importance in treatment.

The principal remedies are arsenic, sepia, manganum, lycopodium, graphites, phenic acid, and a new remedy extracted from the ergot of maize.

(a) *Arsenicum* is, in all schools, the chief remedy of psoriasis; it ought to be prescribed in all cases which do not offer any special indication for any of the following medicines. It ought to be continued for months and taken several times in order to prevent relapses. I habitually give the first triturations. Nevertheless a cure with the 30th dilution has been reported.

(b) *Sepia* is a very good remedy. Hartmann advised it in inveterate psoriasis with rhagades deep, painful, and oozing. This medicament has admirably succeeded in scrofulous females subject to too profuse menses and to leucorrhœa. It is indicated specially in psoriasis of the prepuce and of the nails. Some symptoms in its pathogenesis have induced me to advise it in psoriasis of the tongue. Dose: first trituration.

(c) *Manganum*.—This medicament has been very much vaunted by Dr. Cramoisy. I have often prescribed it with advantage in cases where arsenic had disappointed. I do not know the special indications for this medicament. Dose: first trituration.

(d, e) *Lycopodium* and *Graphites*.—We employ these two medicaments in psoriasis with rhagades, and chiefly in psoriasis

of the hands. I cannot give certain rules for their employment. *Graphites* has succeeded with me more frequently; besides, it is indicated in psoriasis of the nails and that of the tongue. Dose: From the first to the 6th dilution of graphites, and 30th of *Lycopodium*.

(f) *Phenic Acid*.—We have no other reference on the employment of this medicine than the affirmations of our friend, Dr. Guérin-Méneville, who has cured several cases of psoriasis with phenic acid in the 3rd dilution.

(g) *Ergot of Maize* prescribed under the name of *zea italica*. This medicament, which was recommended to us by Dr. J. P. Tessier, has given us some ameliorations so as to induce us to continue our trials. Dose: three drops of the mother tincture.

(h) *Local treatment*.—The pomade of tar is classical in the treatment of psoriasis. Axunge or oil, with one-tenth part of tar. The pomade of oil of cedar has been employed in the same proportion. The immediate action of these pomades is a notable amelioration of this affection. But they never effect a cure. I have long since given them up.

(i) *Mineral waters*.—The *sulphurous waters* are efficacious. The *waters of Bourboule* have been much vaunted latterly by reason of their arsenical composition, and it is certain that they very often ameliorate this affection. I have never had a complete cure. The *waters of Loesche* with long continued baths in them are more efficacious than the waters of Bourboule.

#### N. LUPUS VORAX.

This is the corroding skin disease of the ancients; it is characterized by the formation of phagædenic ulceration. This ulceration is *superficial*, *deep* or *with hypertrophy of the skin*. At other times lupus is characterized by tubercles which resolve without ulceration, so that the skin is insensibly destroyed and present cicatrices analogous to that of burns without having ulcerated. This is *lupus non excedens*.

With respect to its progress, lupus is very chronic in its common form; or very rapid in its malignant form. Lupus is always a scrofulous affection.

Arsenic, *hydrastis canadensis*, *kali bichromicum*, and *aurum muriaticum*, are the principal medicaments of *lupus excedens*.

Apis and hydrocotyle have been employed in the treatment of lupus without ulceration.

(a) *Arsenicum*.—Is prescribed internally and externally. Internally we prescribe arsenicum from the first to the 12th dilutions. We continue it for months with intervals of repose of a week in three weeks. Externally we apply a melange of starch with the thousandth part of arsenic. This proportion ought to vary with the effects produced, and in the malignant form ought to be replaced by the caustic arsenical powder (starch and arsenic) applied with precautions that we shall indicate under *epithelial cancer*.

(b) *Hydrastis Canadensis*, employed by American physicians in the treatment of cancer, has been applied with success by Dr. J. P. Tessier to the treatment of lupus. We habitually prescribe the third dilution internally, and externally a solution in the proportion of the 20th, 10th, or even the 5th part. This medicament has given us remarkable success, but also some failures, without which we have still been able to seize the symptoms which ought to precisionize its indication.

(c) *Kali bichromicum*, which produces deep ulcerations and destructions analogous to those of lupus, ought to be employed in the treatment of this malady, and it has been with effect. Dr. Blake reports three cures with this medicament. He has found the 5th decimal dilution preferable to the 3rd in these particular cases.

*Aurum muriaticum*.—This medicament is recommended specially by Baehr. We have employed *aurum metallicum* with some success.

(e, f) For *Apis* and *hydrocotyle* in the treatment of lupus non excedens we have only the affirmations of Ricard Hughes, who himself has derived his information from other authors.

## O. ICTHYOSIS.

This congenital affection is ordinarily incurable. We said in the second edition of our Practical Medicine that we are not acquainted with the treatment of this disease. Richard Hughes indicates *arsenic* and *hydrocotyle*, but without much confidence.

## P. SCLEROMA OR SCLERO-DERMA.

Scleroderma of new-born children is an ultimate phenomenon which comes on in the course of grave maladies. We shall here treat only of the scleroderma of adults.

The scleroderma of adults manifests itself from the age of puberty to that of 50 years, and presents two forms, *scleroderma* and *sclerodactylia*.

I.—*Scleroderma* begins habitually at the anterior region of the neck; and extends to the face, the thorax, and the superior extremities; then it develops in the inferior extremities to invade the trunk. Sometimes the scleroderma originates in isolated patches and disseminates.

The part invaded presents a hardness comparable to that of wood. The skin bridges the subjacent parts. The wrinkles are effaced and movement becomes difficult. The color, at first of a dull white, becomes insensibly dark brown.

II.—*Sclerodactylia* is scleroderma limited to the superior extremities and sometimes also to the inferior. This affection is characterized by the retraction of the skin, its hardness, its adherence to the subjacent parts, and the formation of folds which resemble the cicatrices of burns. The flexion of the digits is progressive and becomes complete. This flexion is not kept up only by the retraction of the skin, but more by that of the muscles. In an advanced stage, we see the atrophy of the last phalanges and even their complete disappearance. *Sclerodactylia* in such cases resembles *asphyxie symétrique des extrémités*. Are these two affections different?

Scleroderma is usually incurable; it is compatible with health. The medicaments, which have been employed in these cases, are: *mercurius, pulsatilla, causticum, sulphur*. But I have no positive clinical data to recommend these medicines. We must study afresh to find out the medicine, if such exists.

## PARASITIC DISEASES.

The parasitic diseases localised in the skin are produced by a parasitic animal: *Herpes circinatus*; *Herpes tonsurans*; *Mentagra* due to *trichophyton*; *tinea favosa* due to *achorion Schanleini*; *tinea pelada* due to *microsporon Andonini*; *pityriasis versicolor* to

*microsporon furfur*. The treatment of these affections is most simple—to kill the parasite.

I.—The Ich.—Cure in 24 hours. *General* friction with black soap for half an hour, bath for an hour; *general* friction with a pomade containing: axunge 300 grammes, sulphur 50 grammes, sub-carbonate of potash 25 grammes. Or one may replace this with the following: Glycerine 200 grammes, essence of mint or lavender 4 grammes. This friction should be kept up for 24 hours, and a bath to be taken on the following day.

II.—*Herpes circinata*.—This affection is characterized by a group of vesicles disposed in a circle, and circumscribing a space of skin remaining healthy. This affection heals up in the centre and extends by the circumference, so that the patches go on enlarging. *Treatment*, *paracitidal* lotion: 50 centigrammes to a gramme of corrosive sublimate in 500 grammes of water; one lotion per day.

III.—*Herpes tonsurans*.—The same affection as the above in the hairy scalp. The cryptogam penetrates into the hair to the height of some centimetres. The hairs break off with sufficient regularity at this level and imitates a *tonsure*. *Treatment*: epilatory and *paracitidal*.

IV.—*Mentagra*.—This affection develops in the beard and the eye-brows; it is complicated with pustules and pappules which deform the figure. The pustules are all traversed by a hair.\* *Treatment*, epilatory and *paracitidal* lotion. *Treatment* is long and painful. A pomade of turbith mineral 1 to 4

\* According to Erasmus Wilson *Mentagra* or *Sycosis* "is a chronic inflammation of the cutaneous textures, somewhat resembling acne, but limited to the hairy parts of the face, the chin, upper lip, submaxillary region, region of the whiskers, eyebrows, and sometimes the nape of the neck. The disease involves the hair-follicles and their immediately related tissues, giving rise to conical elevations, which become pustular at their apices, and are each traversed by the shaft of a hair. The pustules of *sycosis* are of a pale yellowish color; they burst in the course of a few days, and pour out their contents, which concrete into dark brownish crusts. The crusts fall at the end of one or two weeks, and leave behind them purplish and indolent tubercles, which remain for sometime longer, and subside very slowly. The inflammatory action accompanying this eruption often produces thickening of the integument, and frequently extends to the subcutaneous textures. In this way the roots of the hairs become affected, and fall out, leaving the skin totally bald."—*En. Cal. J. Med.*



grammes with 50 grammes of axunge sometimes succeeds better than the lotion.

V.—*Tinea favosa*.—Treatment same as above.

VI.—*Pelada* (baldness).—The existence of a fungus in this affection has been doubted; and it is treated with daily applications of tincture of iodine, or better, of tincture of cantharides, to the surface deprived of hair. The applications must be suspended when they determine too much inflammation. The falling of the hairs is soon arrested under this treatment. Then after some weeks the hairs begin to push through the denuded wounds.

VII.—*Pityriasis versicolor*.—Vulgarly known under the name of hepatic spots, they are radically and promptly cured with a pomade of turbith.

### Acknowledgment.

*The Occult World*. By A. P. Sinnet, Vice-President of the Theosophical Society. Second Edition. Trübner & Co. London, 1882. (From Madame Blavatsky)

আগ্ন্যুবর্ধন। নবাবিক্ষৃত-স্বাস্থ্য বিজ্ঞানুযায়ী ও এই গ্রীষ্ম-প্রধান দেশে সাধারণের বিশেষ উপকারি, ও পাঠোপযোগী। “*How to live long*” Part I. By Dr. Annada Charan Khastgir. (১) গবর্ণার জেনেরেল লর্ড নর্থব্রকের প্রদত্ত প্রথম পুরস্কার প্রাপ্ত বর্ধমান ও হুগলীর সংক্রামক পীড়ার প্রবন্ধের লেখক, (২) কলিকাতাস্থ স্ত্রীজাতির উচ্চ-শিক্ষা বিদ্যালয়ের স্বাস্থ্য বিজ্ঞানের উপদেষ্টা, (৩) মানব জন্মতত্ত্ব, (৪) ধাত্রীবিদ্যা, (৫) নবপ্রসূত শিশু চিকিৎসা, (৬) স্ত্রীজাতির রোগ চিকিৎসা, ও (৭) শরীররক্ষণ পুস্তক সকলের প্রণেতা। ডাক্তার জীঅন্নদাচরণ খাস্তগির কৃত নূতন সংস্করণ। প্রথম ভাগ। Calcutta; 1882.

EDITOR'S NOTES.

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## GALL-STONES AND THEIR WHEREABOUTS.

At a recent meeting of the Cambridge Medical Society Mr. Wherry related a case of gall-stones discharged through an abscess in the right groin. He also made mention of a case of three fistulæ from the gall-bladder leading to the duodenum, colon, and skin respectively. Gall-stones have been found in the right bronchus, and in the portal veins. A biliary fistula has been known to communicate with the urinary bladder through the urachus. We know on the authority of Columbus that in the autopsy of St. Ignatius Loyola a gall-stone was found in the portal vein. At the same meeting Dr. Paget mentioned the case of a lady who had passed no less than 160 gall-stones through an incision in the abdomen, who recovered and lived several years.

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## DANGERS OF "ALONE."

Without subscribing to the philosophy so unnecessarily displayed, we would draw the earnest attention of parents and school masters to the following from the *Lancet* (Sept. 16) :

A DISTRESSING case of suicide committed by a boy ten years of age, while in his bedroom, to which he had been sent as a punishment, draws attention once again to a practice on which we have often commented adversely—namely, that of leaving children, young persons, and the weakly or troubled in mind, *alone*. The solitary state is abhorrent to the nature and mind of man. Whether the brain be immature in its development or morbid in its state, it is wrong in a scientific sense—that is, opposed to the laws and teachings of physiological science—to leave it alone. The possibility—we will even concede the probability—of a subsidence of excitement is not a sufficient set-off against the dangers of a self-destructive intellectual activity. The mind always works to its own injury when it works alone. Reflection, introspection, and self-examination are essentially abnormal processes. The proper action of mind is on the outer world or on such conceptions of fact and object as may be readily corrected by present observation or experience. Abstract processes of thought are never safe for the young or the weakly and troubled in mind. Healthy activity, so far as these two conditions of mind are concerned, is directly relative. It is not good for man to be alone in any sense.

We would therefore again protest against the recourse to solitary confinement as a punishment for children, and against "seclusion" in any form for the unsound of mind. The two methods of treatment stand on the same footing, and they are both equally bad.

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CASE OF FOREIGN BODY IN BRONCHUS, EXPELLED BY COUGHING  
AFTER EIGHT MONTHS' RETENTION.

The following case from the *British Medical Journal* (Sept. 30,) will be seen to be similar to the one we published in our number for January last :

IN November last, a strong healthy man, aged 29, by occupation a shipyard fitter, was sent to the Hartlepool's Hospital by Mr. Edger of Hartlepool. He stated that he had been shooting with a blow-pipe and dart, and that, as he was about to blow the dart from the tube, he coughed suddenly. The dart was drawn into his mouth by the force of the inspiration, and he was under the impression that he had swallowed it ; but from the history of the case, together with the symptoms described, and the examination which I made, I concluded that it was probably lodged in the right bronchus. The dart was made of a strong needle two inches in length, around the blunt end of which a quantity of worsted was wrapped, sufficient to fit the half-inch calibre of the blow-pipe tube. After the accident, the patient felt but little inconvenience for two days ; he had, however, slight pain in the region of the right bronchus, and a little cough with expectoration which was streaked with blood. On the third day, he had a violent fit of coughing, with slight hæmoptysis. Acting on my advice, he remained very quiet for a fortnight, when he was recommended to go to Newcastle, where he consulted Dr. Maclachlan and Dr. Page. On his return he went to work for a week, when he felt pain in the neighbourhood of the right bronchus, and had violent fits of coughing every three or four days, with slight hæmoptysis, and a taste of worsted in his mouth. The patient gave up work for three weeks, and again consulted Dr. Page of Newcastle. In February he returned to work, and has continued at work ever since, though he has occasionally had to rest a day or two, owing to violent fits of coughing, accompanied by slight hæmoptysis and the taste of worsted in his mouth. He has lost a stone in weight, but he does not consider that his general health has been affected. Latterly, he has suffered no inconvenience. On July 25th, the patient had a violent fit of coughing, and brought up the

thick end of the needle, with some of the worsted still attached to the eye, together with a little blood. The piece of needle, about an inch in length, stuck into the root of his mouth, from which he extracted it himself. About six hours after this, he had a similar fit of coughing, and brought up the point of the needle, about three-quarters of an inch in length. The needle had rusted completely through the middle. The case appears to me to be worthy of interest, inasmuch as a short time ago a similar case was reported, in which the patient is stated to have died of inflammation of the lungs within ten days of the occurrence of the accident. The common practice of shooting with a blow-pipe and dart would seem, therefore, to be an amusement not altogether devoid of danger.

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VARIETIES AND DIFFERENTIAL DIAGNOSIS OF SYPHILITIC  
AND NON-SYPHILITIC SORES.

Dr. Carter Battersby, in a communication to the *Lancet* of Sept. 2, describes the following varieties of syphilitic and non-syphilitic sores, and gives the following differential diagnosis :

*Syphilitic Sores.*

1. A sore or sores characterized by induration or hardness from the beginning and throughout entire course.
2. A sore or sores, soft in the early stage, but subsequently becoming indurated.
3. A sore or sores, soft from the beginning and throughout entire course.

*Non-Syphilitic Sores.*

1. A sore or sores, having a great tendency to multiply, often numbering as many as twenty.
2. A sloughing sore, beginning as such, or shortly becoming so after the ordinary sores are discovered.
3. Gangrenous ulceration or sloughing phagædena, destroying the greater portion of the organ.

*Differential Diagnosis.*

*Syphilitic Ulcers or Lesions.*

1. Incubation ten days to eight weeks.

*Non-syphilitic Ulcer.*

1. Incubation twenty-four hours to five days.

2. Collateral symptoms: Probable congestion of soft palate and tonsils, slight induration of lymphatic glands in groin, drowsiness, headache, and depression of spirits.

3. Primary lesion or lesions assume some of the varieties described under Class I.

4. Thin ichorous discharge.

5. Generally single.

6. Glands in groin enlarge, but seldom suppurate.

7. Fever present after a short time.

8. Ratio to non-syphilitic ulcers 1:4.

9. Constitutional symptoms invariably follow.

10. Can only have one attack, unless, as in certain rare cases of small-pox, the system, after the lapse of many years, becomes liable to a second seizure.

11. Prognosis unfavourable; must be guarded, and given in accordance with the severity or otherwise of the secondary symptoms.

2. Collateral symptoms: Probable enlargement and swelling of one lymphatic gland in groin.

3. Ulcer or ulcers assume the characters described under Class II.

4. Discharge always pus.

5. Seldom seen as a single ulcer, and have great tendency to multiply.

6. An isolated gland becomes swollen, and frequently suppurates.

7. Fever absent, unless due to suppuration.

8. Ratio to syphilitic ulcers 4:1.

9. Constitutional symptoms never follow.

10. May suffer repeatedly from such sores.

11. Prognosis (as to the liability of the system becoming affected) always favourable.

## CLINICAL RECORD.

*A Case of Traumatic Tetanus.*

By BABU AKHIL NATH PAL, L.M.S.

Mahanta, a stout peasant boy, six years old, fell on his face from a height of four feet on the 1st August 1882. About four hours after, he began to complain of pain on the back of the neck, and a feeling of stiffness about the jaws and throat. Next morning these symptoms became more marked, and he was unable to open his mouth wide and to drink. He remained in this condition for four days. On the fifth, when engaged in play, he suddenly fell down, and was twisted as it were on one side, when brought home he was found very stiff.

I was called the next morning. The patient was in the following state—the countenance assuming a peculiar expression of pain and anguish, face pale, angles of the mouth drawn up, eyes fixed, eyebrows contracted, skin of the forehead corrugated, jaws locked, teeth exposed, and the features fixed in a grin, constituting the appearance called *risus sardonius*, drinking with great difficulty, cannot suck the breast when offered, body slightly bent backwards, and as rigid as wood, the muscles of the neck, back, and abdomen being spasmodically contracted; skin hot, temperature 102°F. body perspiring, getting sudden startings every 10 minutes.

On asking I was told that the child had been much in the same state in which I found him, that in addition four or five severe fits came on daily which bent the body backwards in the form of an arch. These latter fits came in the latter part of the night. Bowels confined, sleep disturbed by spasms.

*Treatment*:—*Arn.* 6 every three hours; lard to rub on the spine.  
*Diet*: milk and sooji.

7th. Had one stool, eyes little congested, fits more frequent, and are excited by noise, contact, &c.; excessive thirst, tongue coated white and spasmodically contracted, so that he could not protrude it. Omit *Arn.* 6, *Bell.* 200 every three hours.

8th. Had taken four doses of *Bell.* 200, no improvement, but not worse. Cont. *Bell.* 200.

9th. Spasms at longer intervals, had three severe opisthotonic fits in the night, can open his mouth, drinks more easily, when very hungry, had one stool. Cont. *Bell.* 200.

10th. Better than yesterday, takes his mother's breast when offered, ordinary minor fits less in number, had only two severe opistho-

tonic fits, one in the afternoon and another at night. *Bell.* 200, morning and evening.

11th. The same as the day before. Cont. *Bell.* one dose a day.

12th. No improvement. Omit medicine.

13th, & 14th. Kept without any medicine, was in the same state.

15th, & 16th. *Bell.* 30, daily one dose, but no improvement.

17th, & 18th. Without any medicine ; the same as before.

19th. Getting more fits, bowels costive. The fits come with greater violence and more frequency in the afternoon and latter part of night, *Nux. vom.* 200, two doses daily.

21st. Had one stool, the fits came with less violence. Cont. *Nux. v.* 200.

22nd. Fits less in number, had only one opisthotonos in the afternoon. Cont. *Nux.*, once a day.

23rd. The same as yesterday. Cont. *Nux.*

24th. No further improvement, omit *Nux.*

25th, 26th, & 27th. No medicine was given and no improvement.

28th. *Nux. vom.* 30, once a day.

29th. In the same state. Cont. *Nux.* 30.

30th. Had, besides slight spasms, three opisthotonic fits last night. Omit *Nux.* 30.

31st. One opisthotonic fit only, minor fits less in number than yesterday.

1st, & 2nd. Sept Was without medicine, no improvement. The patient had daily one strong fit in the latter part of night.

3rd. *Nux vom.* 200, one dose in the evening.

4th. Fits at longer intervals with short duration, had only one opisthotonic fit early in the morning. Cont. *Nux.* 200 once only.

5th. No more opisthotonic fit. Had only about 20 fits yesterday, whereas before they were so numerous that they could not be counted. Cont. *Nux.*, once only.

6th. Slightly feverish, the fever came on in the morning. Had only 10 fits yesterday. Cont. *Nux* 200 once only.

7th. Had fever preceded by chill early in the morning, no more spasms. Omit *Nux.*

8th. Had slight fever in the morning, no spasms.  $\phi$ , once a day.

9th. No fever, no fit. Cont.  $\phi$ .

12th. Doing well ; there is only slight rigidity of the muscles of neck and of abdomen.

16th. Doing well, no rigidity, can walk. The patient is now all right.

*A Case of Worms simulating Meningitis.*

By T.K.D., L.M.S. (Bombay).

M. M., aged 6, was laid up with fever and inflammation of the lymphatics of the right thigh on the morning of the 24 April 1882. The child could not get up in the morning as usual and complained of great pain in the right thigh which was much swollen; pulse rapid, tongue coated, eyes heavy, with slight headache and seemed little drowsy, complained of great thirst, could not take his food as usual and said he had no appetite. The child belonging to my family, I saw him early in the morning, and from the previous knowledge of his complaints I thought he was suffering from symptoms of worms, and so gave him *Cina* 3, one pill every 2 hours. At 10 A. M. the fever gradually increased and the child became more drowsy; did not like to be disturbed and complained of severe headache, accordingly I gave *Belladonna* 3 in alternation with *Cina* 3 one pill every hour. The medicines were regularly given, but at about 7 P. M. the symptoms instead of improving grew worse, temperature rose up to 105, skin hot and dry, pulse rapid, was more drowsy, the drowsiness almost amounting to stupor, complained of headache and noise in the ears and said he was quite blind, pupils not dilated, he could neither see light nor see and recognize family member. The case being in my own family, I thought it advisable to consult some medical man and so called a medical friend of mine who was very near us. At first he thought this to be a case of meningitis, but afterwards we both agreed that the case was one of worms, and that the nervous symptoms were only reflex. I omitted *Belladonna* and continued *Cina*. At about midnight the child showed some signs of improvement. On the morning of the 25th he passed one motion containing the large round worms and seemed much better. The passage of worms verified my diagnosis; early this morning I gave him one powder of *Chenopodium Anthelminticum* and continued *Cina* 3 during the day. After the passage of worms the eye symptoms completely disappeared. The child was apparently all right by evening, the inflammation of the lymphatics had nearly gone down and he could walk about, all the remaining symptoms disappeared on the third day. Every day chenopodium powder in the morning and *Cina* during the day was given.

*Remarks.*

I have seen many cases of worms with reflex nervous symptoms, but in no case the symptoms were so severe. Also it will be observed that the inflammation of the lymphatics was also reflex and it did



not require any local treatment. The inflammation subsided with other symptoms.

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*Cases of Toothache relieved by Plantago-Major.*

BY BABU BRAJENDRA NATH BANERJEA, L.M.S.

*Medical Practitioner, Allahabad.*

1. Babu A. C. S. came under my treatment for an agonising attack of toothache due to decayed teeth. There was a good deal of swelling of the left cheek and he could not sleep for two nights successively. He fomented and applied poultice to the swelling to no effect. With great difficulty the finger could be introduced inside the mouth to examine the decayed tooth.

Following Dr. Hales' advice I prescribed *Plantago Major* 2x, one drop every quarter of an hour. The patient got sound sleep after the third dose and slept for four hours continually. The next day the swelling went down so far that the diseased tooth could be easily examined. The pain however would relapse every day and go away after two or three doses of *Plantago*. The tooth was found to be much decayed and therefore was extracted after a few days.

2. Babu R. N. B. always subject to toothache. The aching increases when acid water is drunk. *Plantago Major* 2, thrice daily for a week, has kept the ache in abeyance till now (5 months).

3. A child came under my treatment for toothache due to decayed teeth (milk). *Plantago Major* 2x, internally and the same in 1st decimal dilution externally, relieved the child effectually.

4. A Hindusthanee gentleman came under my treatment for swelling of the gums with intolerable toothache. There was no decayed tooth in this case. The patient during the pain thought that his painful tooth rose from its socket. *Plantago Major*, externally and internally, cured both the swelling and pain in a couple of days.

I have already given this valuable medicine an extended trial. In all cases in which I have used it, I have done so of course empirically and not homœopathically. Dr. Hales uses it in all sorts of toothache irrespective of the exciting causes. I can corroborate his experience confidently. To realise its good effect I hope the readers of this Journal will give it an extended and fair trial.

**THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.**

**34. BENZOIC ACID.**

**Constipation :**

1. Urging to st., with ineffectual straining.
2. Insufficient st.

**Diarrhœa :**

1. D. of children ; the discharge is copious, watery, clear-colored, very fœtid ; exhausting.
2. Frothy st.

**Dysentery :**

Putrid, bloody st.

**Before St :**

Horripilation (chilliness).

**During St :**

Urging.

**After St :**

Cutting about the navel.

**Rectum and Anus :**

1. Contraction of the extremity of rectum.
2. Stitching in rectum.
3. Slightly elevated, round surfaces, of wart-like appearance, varying in diameter from half an inch to an inch and half around anus, causing much smarting and soreness, with strong scented and highly-colored urine (after previous use of copaiva for chancre).
4. Fine stitching in anus.

**General Symptoms :**

1. Omits words in writing.
2. Headache after emotions. Head-symptoms worse during rest, return periodically, and are accompanied with pains in the stomach, nausea, gagging, and cold hands.
3. Noise in the ears, when swallowing.
4. Involuntary biting of the lower lip at dinner.
5. Extensive ulceration of the tongue with deeply-chapped and fungoid surfaces.
6. Taste of blood. The bread tastes smoky. Flat, soapy taste after drinking water. Salty taste of food. Bitter taste.
7. In the evening, thirst with sleepiness.
8. Singultus, nausea : salty or bitter vomiting.
9. Urine uncommonly deep red. Urinous odor exceedingly strong ; fœtid. Reaction alkaline, effervescing with hydrochloric acid, with abundant precipitate of hippuric acid.
10. Patient pale, languid, with a sense of weakness in the loins.
11. Much exhaustion. Cold sweat on the head, face, and feet.
12. Extreme weakness, sweat, and comatose condition.

**Remarks:** "The symptoms of *Benz. ac.*," says Bell, "are not many, but they are genuine jewels. The offensive stools are not like those of any other remedy. The smell is strong, pungent, urinous, somewhat like that of the characteristic urine, which is also almost invariably present." Hoyer says, "**Benzoic acid** is useful in diarrhœa, with horribly offensive watery stools running through the diaper, the smell pervading the whole house; main part of stool grayish-white, with a deposit looking like soap-suds; stools often bloody, frothy, preceded by chilliness and followed by exhaustion; cold sweat on the head; dark, strong smelling urine." He cites the following case from Dr. A. Korndorfer: "C., aged one year; diarrhœa very fetid; white, frothy stools, looking like dirty soap-suds fifteen to twenty passages daily several days before treatment; urine high colored and very offensive; child very weak, cross; wants to be nursed all time; very little sleep, night or day, except when held in the arms. *Benz. acid* 30, three powders, dry, one every six hours. Next day better; in two days well." **Benzoic acid** would be still more homœopathic if with the characteristic stool and urine there is associated ulcerations and rhagades in the tongue.

### 35. BERBERIS VULGARIS.

#### Constipation:

1. St., scanty, hard, or also soft, thin formed, delayed.
2. St. firm, hard, like sheep's dung, with much, frequently ineffectual urging. Comfortable sensation of relief after the stool.
3. Constipation.

#### Diarrhœa:

1. Easy, soft, profuse st. in the morning; also in the afternoon or evening (unusual time).
2. Diarrhœic st. without cutting pain.
3. Fully developed D., consisting of four pasty, yellowish evacuations, with rumbling without cuttings, much passage of wind at times; some nausea, much thirst, heat in the face and confusion of the head, with increased appetite in the evening.
4. A loose movement, three or four times a day, with cutting pains.
4. Hard stool followed by soft, and *vice versâ*.

#### Before St:

1. Urging, specially in the colon, extending to the small of the back.
2. Tensive urging in the small of the back and anus.

#### During St:

1. Cutting pains. Burning, stitching.
2. Rumbling without cutting; passage of wind; much thirst; heat in the face, and confusion of the head.
3. Ineffectual urging.

**After St :**

1. Comfortable sensation of relief.
2. A long-continued sensation as if one had just been to stool, or as if one had just recovered from a pain in the anus.
3. Sensation, as if one must soon go to st. again, with perceptible movement of the intestines.
4. Burning stitching pain.

**Rectum and Anus :**

1. Hæmorrhoids appeared frequently, with a burning pain after st.
2. Sensation of warmth in the region of the anus.
3. Violent burning in the anus, as if the parts were sore, frequently returning and continuing a long time.
4. Crawling, burning, itching in and around the anus.
5. The skin for some distance around the anus feels completely raw, with severe burning for some days, violent pain on touching the sore place, and great sensitiveness on sitting ; finally a thin scurf appears on the borders of the anus. This condition returns frequently.

**General Symptoms :**

1. Pale expression of the face, a dirty grayish look, sunken cheeks, deeply seated eyes, surrounded by bluish or blackish-gray rings.
2. Dryness and sticky sensation in the mouth, still more in the fauces, worse in the morning, diminished secretion of the saliva, or a *sticking frothy saliva like cotton*.
3. Insipid, nauseous taste from the stomach. Bitter taste in the mouth. Frequent taste of blood, especially in the morning.
4. Very good appetite, almost canine hunger. Almost complete want of appetite and hunger. Severe thirst wakes him several times at night.
5. Eructations tasteless and inodorous, or bitter.
6. Nausea, disappearing after breakfast. Nausea after dinner.
7. Heart-burn. A violent sticking, burning, peculiar pain in the stomach, like heart-burn, extending upwards to the pharynx.
8. In the hypochondriac region, near the border of the false ribs, about three inches from the linea alba, violent sticking pain for a quarter of an hour, increased by pressure, extending across into the region of the stomach.
9. Sticking-pressive pain in the region of the liver, increased by pressure, corresponding to the region of the gall-bladder, on a small spot ; lasts three hours, though not continuous, frequently afterwards, even until the 46th day.
10. Pain in the region about three inches to the side of the navel, corresponding to a place in front of the kidneys, and rather to the side, mostly sticking, sometimes dull, sometimes fine, or also burning or gnawing, usually only in one side, seldom in both, often extending to the lumbar region or the groins, the liver, the spleen, or the stomach.

11. Pale, yellow urine, either with a slight, transparent, gelatinous sediment which does not deposit, or a turbid, flocculent, clay-like copious, mucous sediment, mixed with a white, or whitish-gray, and later a reddish mealy sediment.
12. Blood-red urine, which speedily becomes turbid, and deposits a thick, mucous and bright-red mealy sediment, slowly becoming clear, but always retaining its blood-red color, with violent pains in the kidneys.

**Remarks :** *Berberis* produces pains similar to those of biliary and urinary calculi. Patients, who are subject to either of these complaints, and who have at the same time symptoms of constipation or of diarrhœa similar to those of *Berberis*, are likely to be benefited by it.

### 36. BISMUTHUM SUBNITRICUM.

#### **Diarrhœa :**

1. Profuse D., Watery D.
- 2.° Sts., papescent, foul ; watery, cadaverous smelling.
3. Liquid, bilious sts.

#### **Dysentery :**

- ° Painless discharge of blood from rectum in large quantities.

#### **Before St :**

Rumbling in abdomen ; passage of flatus ; gripings.

#### **During St :**

Emission of flatus ; gripings.

#### **After St :**

Great prostration.

#### **General Symptoms :**

1. Solitude unbearable. The child holds on to its mother's hands for company.
2. Face pale ; earthy colored ; with blue rings around the eyes.
3. Tongue furred ; thickly coated white.
4. Intolerable thirst. °Drinks large quantities of water but vomits it immediately.
- 5.° Vomiting of all fluids, especially water, as soon as taken ; solid food is retained.
6. Nausea in the stomach ; he feels as though he would vomit, especially severe after a meal.
7. Pressure in the stomach, felt particularly after a meal.
8. Frequent empty eructations and feeling of discomfort in the stomach, soon followed by a liquid st., but not bilious.
9. Violent eructations, gripings in the bowels, and sudden and light bilious vomiting.
10. Nausea, and bilious vomiting.
11. Vomiting and diarrhœa, with retching and burning in the throat.
12. Inodorous eructations.
13. Distressing pressure and burning in the stomach.

14. Hiccough ; violent vomiting of brownish matter.
15. Vomiting only at intervals of days when food has filled the stomach ; then vomits enormous quantities, lasting all day.
16. Rumbling in the lower part of the bowels ; painless, or with pinching and pressure ; and a sensation as if he would go to st.
17. Obligated to urinate frequently, every time profusely ; urine watery.
18. During the poisoning, passed no urine, and the region of the bladder was not distended.
19. Pulse small, intermittent.
20. Body warm, with great prostration ; or cold.
21. Voluntary muscles, especially those of the lower extremities spasmodically contracted.

**Remarks :** Hahnemann, in his provings, used the subnitrate, though he believed it to be the oxide. We have therefore incorporated under **Bismuthum Subnitricum** the symptoms given by Allen under **Bismuthum oxidum** and **Bismuthum Subnitricum**. Even then the use of **Bismuthum** in diarrhœa is more based on clinical facts, than on its pathogenesis. And the few characteristic symptoms which serve to distinguish it from others, such as vomiting of water only, or generally fluids only, as soon as taken, though solid food is retained, vomiting of food only when the stomach is full of it, prostration without coldness of surface, are all symptoms derived from bedside experience. Nevertheless these symptoms having been repeatedly verified, have acquired the importance of pathogenetic symptoms. **Bismuth. Subnitr.** must not be forgotten in cholera infantum where the above characteristics are present, nor in the diarrhœa of adults where the peculiar gastralgie pains complicate the disease.

*(To be continued.)*

## Excerpts from Contemporary Literature.

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### ON THE INFLUENCE OF THE SYMPATHETIC ON DISEASE.

*Delivered before the Royal College of Physicians of London,*

*August 18th, 1882.*

BY EDWARD LONG FOX, M.D., F.R.C.P.

Consulting Physician to the Bristol Royal Infirmary.

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The influence of the sympathetic system on disease must necessarily depend on its functional position in the economy. Is it in any sense an independent system? Has it functions of itself? Do its ganglia own a power possessed by no other portion of the frame, disconnected from any other system? or is the sympathetic only a nervous organ of condition, carrying impressions from the internal viscera to the cerebro-spinal system, conducting to these internal viscera, and to the vessels, orders from the higher nervous centres? Are the sympathetic ganglia only the central formation from which peripheral nerves are formed, and the residue left after their formation? Is the sympathetic, in Hermann's words, nothing else than a branched roadway from the cerebro-spinal system, into which overflow paths of innervation from all points of the great nerve-centres, to spread to all sides of the periphery?

Did the sympathetic possess no intrinsic independence, it would be idle to speak of its influence on disease, except in so far as its connecting lines of fibres were compressed, or their conducting power otherwise interfered with. But bound up together as all nerve-tissue in the body is, the foetus has been expelled from the uterus at, or almost at, full time, showing therefore, a normal capacity of absorbing nutrition, and a healthy circulation, without any trace of a cerebro-spinal nervous centre, owing only the sympathetic system as the nerve-element in its composition.

The opinion of Claude Bernard that the sympathetic ganglia are real nervous centres, that the sympathetic is the motor nerve of the circulation, that the vaso-motor system is the regulator of heat, of nutrition, and of force; the dictum of Goltz that the tone of the arteries is maintained by local centres, situated in their own immediate vicinity, and that it is wholly independent of the cerebro-spinal axis; the fact mentioned by Woods, that reflex irritation of vaso-motor nerves (unlike reflex irritation of cerebro-spinal nerves) is entirely limited to the particular tissue or organs supplied, so that these nerve-fibres must have their centres in the sympathetic ganglia; the statement of Parkes, that nutrition is perfectly carried on with complete destruction of the cerebro-spinal centres, are all founded on observations or experiments that cannot be controverted.

Seeing, too, the impossibility of tracing a fibre of Remak in the tissue of the brain or spinal cord, the existence of vaso-motor centres in these organs, proved as it is by vaso-motor disturbances on lesions of certain districts of the cerebro-spinal centres, affords by no means positive proof of sympathetic ganglia being directly fed and influenced by them. The sympathetic connection between the medulla oblongata and the two chief centres in the cervical cord, the vaso-motor centre for the head and face, and the oculo-pupillary, is proved by experiment and by pathology. Such centres may lie in the cord and yet not be of it; and the whole system consists not only of the well known chains of ganglia, of the nerves and plexuses of the internal organs, of a vaso-motor apparatus for the whole

body, but of important ganglia that are situated, probably for purposes of correlation, within the tissue of the great centres of the cerebro-spinal system.

The possible independence of the sympathetic is shown by an experiment of Vulpian. He found that, some days after the transverse section of the sciatic nerve, or of the brachial plexus, when the corresponding pulps of the paws of the animal had become quite pale and anæmic, one might, by slight rubbing of these pulps, cause a reflex congestion. This vaso-dilator reflex effect seemed to the author to prove the existence of peripheral nervous centres, ganglia, and nervous-cells in relation with the vaso-motor nerve-fibres.

And this leads to one more preliminary remark—viz, that certain phenomena seem to prove inhibitory the existence of vaso-dilators. Not only must Claude Bernard's discovery of this property in the chorda tympani, and Eckhart's in the *nervi erigentes*, be accepted as proof of this view, but it is more than probable that all the centrifugal nerves from the cerebro-spinal system carry vaso-dilator fibres. They act by inhibiting the activity of the ganglion-cells in the nervous plexuses around the vessels, thus causing a diminution of the vascular tonicity. They are to be considered, not as constant, but as occasional antagonists of the vaso-constrictor nerves. Goltz held that the dilatation which occurs after section of nerves is due, not to paralysis of the vaso-constrictors, but to stimulations of vaso-dilator fibres; and in his original experiment on the chorda tympani, Claude Bernard showed that both constriction and dilatation of vessels may be obtained not only directly, but by reflex action.

Dr. Handfield Jones has shown that irritation may be reflected from the fifth nerve on to the vaso-motor nerves of the arteries supplying the skin of the face, and that these, in consequence of the morbid impression, become dilated, not contracted as they nominally should according to the laws of reflex action.

The lesions to which the sympathetic is subject are manifold. In a large number of these coarser lesions, the influence is not that of the sympathetic on disease, but of disease on the sympathetic. Both in ataxy and in tetanus, redness of the semilunar ganglia has been observed. Inflammation of the semilunar ganglia has been associated with headache, hypochondriasis, vomiting, and death from marasmus; inflammation of the left portion of the solar plexus with pertussis, spasmodic vomiting, and convulsions; inflammation of the ninth and tenth thoracic ganglia, after retrocession of an exanthematous disease, with opisthotonos; vascularity of the sympathetic nerves in the chest, and of the semilunar ganglia, with tetanus; great increase in the size of the lower cervical ganglia with cretinism; great increase in size of all the ganglia with idiocy; enlargement of all the abdominal sympathetics and of the splanchnic nerves with diabetes; increase in size of the semilunar ganglia with a case of tuberculous suprarenal capsule; increase of size of the same ganglia with cancer of the stomach. One of the semilunar ganglia was of the size of a filbert, and cartilaginous, in a case of madness. The abdominal ganglia have been found large, lobulated, yellowish, and of firm consistence in chronic peritonitis. Cholera has been sometimes associated with inflammation of the solar plexus and of the semilunar ganglia.

According to Pio Foà, lesions are most commonly seen in the cervical and the abdominal ganglia. These lesions are—simple and fibrous atrophy, hyperæmia, sclerosis, fatty and pigmentary infiltration, amyloid degeneration of colourless blood-corpuscles, and the presence of micrococci in the blood-vessels of the ganglia. These changes are well marked in syphilis, leucæmia, a high degree of cachexia, pellagra, tuberculosis, cardiac disorders, and infectious diseases.



Fournier thinks that the sympathetic system is affected in secondary syphilis, as shown by variations of temperature, by sweating, and even by epileptic seizures; but his views seem founded more upon symptoms than on pathological anatomy.

The most usual lesions are pigmentation, colloid degeneration, with proliferation of endothelial cells, and secondary fatty metamorphosis; interstitial hyperplasia, leading to atrophy and sclerosis of nerve-elements; and such lesions are more than enough to modify vaso-motor functions, and, according to their seat, lead to very various morbid phenomena.

Morselli has found fatty degeneration and atrophy of ganglion cells, with thrombotic obliteration of the vessels of the cervical ganglia; whilst, in a case of unilateral swelling, Ebstein has seen very dilated and varicose blood-vessels in the ganglia of the affected side. Colomiatti has seen lipoma of the sympathetic, and a tuberculous nodule in the last left dorsal ganglion but one of the great sympathetic, and a similar nodule on the communicating bands between this ganglion and the one above it. The same observer has seen cancer of the semilunar ganglia, compressing and atrophying the cells, entering into the nerve-trunks and the substance of the neurilemma.

In sunstroke, hæmorrhage has been found in the upper cervical ganglion. Hilton saw attenuation of the right side of the heart, associated with shrivelled ganglia of the same side of this organ; whilst Giovanni considers fatty degeneration rare, but thinks that the sympathetic resents most of the diseases affecting the whole system, and that lymphatic infiltration of its ganglia is the expression of the peculiar influence which it suffers. This condition, he believes he has found in pleuropneumonia, cardiac disease, tuberculosis, aneurysm of the aorta, diffused tumor, acute and chronic nephritis, chronic enteritis, cirrhosis of the liver, suppurating ovarian cyst, typhoid fever, cancer, puerperal peritonitis, puerperal fever, pyæmia, pellagra, syphilis, scurvy, leukæmia splenica, tabes mesenterica, tubes dorsalis, erysipelas, epidemic cerebro-spinal meningitis, hydrophobia, exophthalmos, angina pectoris, and diphtheria.

An atrophic shrinking of the nerve-cells proper, and a calcareous mass occupying the position of the inferior cervical ganglion were found by Dr. Shingleton Smith in a case of exophthalmos. A late observer has found very definite lesions of the sympathetic in phthisis; dilatation of vessels in the ganglia, proliferation of the connective tissue, hyperplasia of the epithelial covering of the capsules of nerve-cells, atrophy and pigmentation of cells. In chronic cases, there was found an enormous development of dilated blood-vessels; the external membrane of the ganglia (with its internal processes), the external capsule of the ganglionic nerve-cells, the neurilemma of the nerve-fibres, and the tunica adventitia of the blood-vessels, were all greatly thickened. This was especially the case in the interior cervical ganglion. The lesions of the sympathetic on the healthy side, in unilateral phthisis, were but slight. The sympathetic lesions may be considered secondary. But the ganglionic affection, though caused by the previous disease, may itself induce some of the phenomena of the disease, as the hectic flush of the cheek and the facial perspiration, even if it do not determine certain trophic changes in the lungs.

The investigations of Dr. Saundby, one of our most accurate pathologists, seems to prove that the relationship between the renal lesion in Bright's disease, and the changes observed in the ganglia and surrounding connective tissue, must be regarded as secondary rather than primary.

It is easy to understand that such lesions, secondary in themselves to the diseases with which they are connected, yet impress upon the course of the disease certain special phenomena. Flushing, sweating, tinnitus, headache, faintness, palpitation, constipation, diarrhoea, vascular congestion of the intestines, diuresis, etc., are all examples of this.

These facts are more than mere matters of pathological interest. Given a recognisable lesion of a sympathetic ganglion or nerve, we find certain phenomena following this as a sure consequence. It is nature's own experiment to teach the physiology of the sympathetics. But, on the other hand, given these same phenomena, without a coarse lesion of the sympathetic nerve or ganglion, are not we justified in saying that they depend on a morbid condition of these structures, even though such a condition cannot be recognised by our means of investigation? This is what happens frequently. The common distinctions between organic and functional disease of the sympathetic is only an unscientific method of expressing this thought. A ganglion, or a series of ganglia, apparently healthy, is changed in some occult way by the sun's rays, by the circulation of blood altered from its normal condition, by what we call "irritation" carried to it from disease in a distant organ, or by emotions. We cannot doubt that these influences change in some way the equipoise of the ganglion: for, as their result, are seen phenomena precisely corresponding to the effects of coarse experiments upon the sympathetic in animals, and of easily recognised lesions upon these organs in man. We see the starting-point of the irritation, the channels by which the irritation is conveyed, the consequence of the irritative action beyond the ganglion; but the absolute condition of the ganglion itself, in so far as it differs from its state in health, is incapable of being in all cases demonstrated. The irritation may arise from some portion of the same nervous system, or from any portion of the cerebro-spinal. It may be reflected only on its own fibres, or upon cerebral or spinal nerves. The exodic response from the ganglia may be carried back solely to the point of origin, or in very various directions to many organs, and through many and various channels. The reflected effects may be motor, sensory, or vaso-motor, or all together; and yet the ganglionic centre of this reflex arc may seem, even microscopically, to be unchanged.

That change of some kind ensues cannot be doubted. All that can be said is, that it is a change so minute as so far to baffle our means of research or so transient as to pass away before the possibility of *post mortem* examination.

In a very interesting paper read at the International Medical Congress last year, Dr. Woakes speaks of the inferior cervical ganglion as a correlating nerve centre. He has formulated anatomically data that are occurring to all practitioners every day of their lives; and his paper seems to me to afford additional evidence, both of the independence of at least the vaso-motor portion of the sympathetic, and also of its multifarious connections with the cerebro-spinal system. He shows the association between injury of the fibres of the brachial plexus and loss of consciousness. The shock resulting from the concussion of the brachial nerves is propagated to the inferior cervical ganglion, and thence reflected as a wave of vessel-dilatation to the vertebral artery. This dilator wave is appreciated first of all in its peripheral branches, producing an immediate large accession of blood to them. This effect on the internal auditory branch of the dilated vertebral artery, the sudden tension of the intralabyrinthine fluid, produces the phenomena of falling and unconsciousness. Through the inferior cardiac nerve of this ganglion, great agitation of the heart may be induced. The vertigo attending indigestion under certain circumstances is an illustration of the same correlation, sometimes with, sometimes without, a sensory aura. This vertigo may also be associated with mottling of the hands and forearms, due to congestion of the superficial arterioles.

This note on the correlation of the ganglia can be expanded almost *ad infinitum*. The syncope induced by a blow over the solar plexus, the palpitation and even faintness consequent on indigestion, the pain, vomiting, and depression of spirits set up by the passing a gall-stone, the transient hemicrania produced in some people by the presence of ice in the

stomach, the flux from the intestinal vessels as a sequence of the irritation of some foreign body in the canal, the numerous phenomena—motor, sensory, and vascular—associated with renal calculus, the peculiar pulse of peritonitis, the collapse of perforating ulcer of the stomach or intestine, perhaps the increased circulation of blood in the liver and the increased secretion of bile following injury to the solar plexus—are all instances of a similar fact with reference to this great nervous centre and its immediate branches.

But it remains for the hypogastric plexus to afford the most suggestive illustrations of this correlation. Without saying that all hysteria owns an uterine origin, the phenomena that are sequential to the multifarious lesions of the uterus and its appendages can be seen to implicate most of the important organs of the body. The deep-seated sense of pelvic uneasiness, nearly similar in position and sometimes equalling in intensity the sacro-coccygeal pain attending piles, the paresis of intestine evidenced by meteorismus, the increased flow of limpid urine, the vomiting, the hiccough, the frequent diarrhoea, the palpitation, the faintness, the sighing respiration, the globus, the difficulty in deglutition, the blushing, the dilated pupil, the tears, the tinnitus, the excitation of the emotional area, the occasional epilepsy, melancholia, and mania, to which such patients are liable, are all examples of afferent irritation carried to the solar plexus, and thence, from ganglion to ganglion of the sympathetic chain, to the three cervical ganglia—thence to the eye, the cerebral vessels, and the medulla oblongata.

The same causes, reflected from sympathetic ganglia to the sensory centres, induce the various neuralgiæ met with under these circumstances, whilst a similar irritation of a ganglion sending efferent nerves to a motor centre will lead to hysterical torticollis; to those manifold tonic contractions of limbs or of groups of muscles frequently seen, especially in hysterico-epilepsy; or to various clonic phenomena, such as the rapid twinkling of the eyelids.

Nor is the reverse side of the picture without its peculiar interest. Not only may uterine irritation induce emotion, but emotion may in itself induce all kinds of vaso-motor irritation or paresis, especially the latter. The emotion of terror, affecting primarily vaso-motor centres in the cortex of the brain, sends a parietic effect down the various ganglia in the body, besides inducing its own particular conditions on the cerebro-spinal motor nerves. It affects especially the sympathetic cardiac nerves, the accelerating nerves of the heart, leaving the chief influence on this organ to the inhibitory branches of the vagus, which this nerve derives from the spinal accessory. Blanching of the face, and even syncope, may result. By its parietic effect on the splanchnic nerves, the great inhibitory nerves of the intestine, the peristaltic movement of the gut is morbidly increased, and the tendency to evacuation of the bowels results, so frequent with young recruits on first going into action.

Blushing, a sense of heat, and sometimes arterial pulsation, are ordinary effects on the face in certain emotional states—anger, joy, shame, bashfulness, and intimidation. Vulpian believes the emotional centre to reside in the annular protuberance. From this centre, the medulla oblongata and spinal cord are influenced; and thus, according to circumstances, may be caused either contraction of certain muscles of animal life, or a sudden state of muscular feebleness, or disturbance of the cardiac movements, or secretory alternations in the intestines, or, coincidently with these, some modifications of vascular tone in certain regions of the body, especially of the face and head.

Blushing is not always limited to the face. In nervous women, it is seen on the anterior superior part of the thorax as far as the mammae, and even to the lower part of the sternal region, and above the clavicles, and over

the shoulders. In a patient now under observation, the conjunctivæ reddened, tears flow, a dark purplish blush suffuses the face, the neck, especially below the ears, and the whole of the anterior chest to the nipples, if she merely think of anxieties that she may, but very improbably will, have to undergo. In this case, the purplish blush is not in all places synchronous, but various islets of colour are separated by regions of skin of ordinary whiteness, and gradually coalesce; illustrating the observation of other physicians, that the skin is mapped out into small vascular territories, more or less independent of each other, each under the influence of distinct vaso-motor nerves, or even of peripheral vaso-motor ganglionic centre. In a nervous man, whose case is recorded by Vulpian, blushing occurred on exposure, not only over the above-named regions, but over the anterior surface of the abdomen and the upper half of the thighs.

Paralysis of the splanchnic induces hyperæmia of the capillaries of the contorted renal tubules, with albuminuria and diuresis.

Emotional influence may reach the seven lower dorsal ganglia, from which the splanchnic nerves are derived, or with which at least they are connected, from the vaso-motor centre in the medulla oblongata by a branch that descends through the osteo-fibrous sheath which incases the vertebral artery, and this by way of the inferior cervical ganglion; or the channel of conduction may be by way of the cord also.

One sees, therefore, anatomically, by how small an expenditure of force emotion may partially-paralyse the cardiac and splanchnic branches of the sympathetic.

The vesical plexus, containing a few motor but more sensory and reflex acting fibres, is constantly affected reflexly by irritation from adjoining organs. But its chief motor nerves are derived from the superior and inferior genito-spinal centres in the spinal cord; and the effect of emotion on the bladder, causing frequent micturition, one of the most usual results of terror, and probably experienced by a large number of candidates for examination, is due to paralysis of the purely sympathetic plexuses, allowing undue play to the motor influence of the sacral nerves from the centrum genito-spinale.

This reversal of the course up and down the sympathetic, the emotion acting directly downwards on the various ganglia, the uterine irritation acting upwards, in what may be called a series of reflex arcs, form the main difficulty in the diagnosis of the cause of that aggregate of morbid phenomena that, as a convenient expression for formulating our ignorance, we term hysteria, and has been well formulated by Mr. de Berdit Hovell. And putting aside those cases of crying and laughing, of globus, of hysterical vomiting, clanging cough, *et hoc genus omne*, which are really under the influence of the will of the patient, or are indulged in from a selfish desire to concentrate all attention upon herself, the Protean disease under discussion is, in the more numerous cases that are likely to fall under the notice of a physician, a very real ailment. Cases that are frequently the *opprobria medicinæ* are so, because the exciting cause is not found, sometimes scarcely sought for; and Dr. Tilt, and those who think with him, have done good service in reminding us that the name given to the disease by our predecessors was founded very largely on ascertained fact. Scherschensky finds that the uterine plexus contains the important, if not the only, motor nerves, which can produce actual movement of the uterus on stimulation of their peripheral ends. Stimulation of the central ends produces only violent vomiting.

Nor is it only in strictly physical phenomena that this pelvic irritation manifests itself. The somnolence, the trance, the contracture, the clonic convulsion of the hystero-epileptic, are evidently due to reflex paresis, or reflex irritation. Do not the more purely mental phenomena owe the same

origin? Is not emotion a brain-discharge, at least as much as epilepsy? and the suspicion, the anger, the fear, the melancholy, seen in various phases of this strange condition, are surely due to the variation in the calibre of the arteries, and consequent change in blood-supply, due to the influence of the cervical ganglia on the circulation of the brain.

Many people shrink from the word "materialism." It is because the word has been used to represent so limited an outlook. To recognise that the brain acts in accordance with the great laws of nature; that this thought and that emotion are, so to speak, discharged in relation to the amount and quality of the circulating fluid and the regions it traverses, is not materialism in a bad sense, but simply a statement of the method by which these laws work in correlation. And when we see vaso-motor effects manifested in the motor area of the brain, and coincidently with these the psychical phenomena just mentioned, it would be unscientific not to recognise a similar condition, as the exciting cause of these emotions, obtaining in a non-motor cerebral area.

Differing in degree, rather than in kind, Hypochondriasis stands out for both sexes, and especially for our own, as a term that includes self-concentration, irritability, suspicion, melancholy, and various physical phenomena. All honour to the old Greek physicians who associated as cause and effect morbid action of the liver with depression of spirits. The blood may thus, in an impure state, affect every vaso-motor centre in the brain or elsewhere; or some chronic form of indigestion will give rise to a morbid impulse, often reflected to the inferior cervical ganglion, and so through the cardiac nerves to the heart, or to the upper and middle cervical ganglia, and from them to the cerebral circulation, but most frequently to the thoracic ganglia, and from them along the splanchnic nerves to some other portion of the solar plexus, leading to distension of the colon, to hiccough, to constipation, or diarrhoea. In each case, the influence is reflex; arcs may be somewhat complicated, or at least multiple. The starting-point is by no means always the liver. Cancer in any portion of the frame, especially of the peritoneum or of the abdominal viscera, seems frequently to be the exciting cause. The various phenomena associated with the sympathetic chain will readily be recognised by all practitioners as the symptoms most usually complained of by sufferers from hypochondriasis. Tinnitus, vertigo, confusion in the head, faintness, palpitation, a sense of impending dissolution, dyspepsia, constipation, meteorismus, with various mental delusions and extreme depression, irritability, or torpor of mind, are common enough.

Abnormalities of taste and smell, hallucinations of hearing, the falsity of which may or may not be recognised, anæsthesia, hyperæsthesia, to say nothing of the numerous sensations connected with the spermatic and hypogastric plexus, must all be explained by reflex irritations of a similar kind. Perhaps the main difference between these reflex arcs, and those in which the centre is wholly cerebro-spinal, lies in the fact that one afferent irritation in the domain of the sympathetic is enough to set in action many efferent results. It may be so slight, that it is carried to the first ganglion in its neighbourhood, and be reflected back either to the seat of irritation, or to some spot in its immediate vicinity. It is almost certain, indeed, that this effect is invariably produced on the vaso-motor nerves of the part first affected. But in many cases of hysteria and hypochondriasis the irritation does much more; it may affect all the ganglia above mentioned in the way described: it may miss the upper and concentrate its action on the middle, or more specially on the inferior cervical; or the efferent effect may act only on the splanchnic nerves, or without touching them, on the semilunar ganglia, or on some one or more of the plexuses connected with them. But in these morbid states, as in some others, the

most common reflex arc seems to be made of irritation starting from the solar plexus, running up to the inferior and middle cervical ganglia, or even higher, causing a reflex paralysis of the middle and inferior cardiac nerves, and permitting therefore the inhibitory action of the vagus to act uncontrolled by these nerves and to diminish the action of the heart.

The reflex action of such conditions is illustrated by Dr. Wilks's cases of sympathetic mania from the presence of a tumour in the abdomen, from adherent omentum, from unilateral hernia, from misplacement of the colon, and from cæcal abscess.

Of other forms of neurasthenia, the description would be almost the same. In several cases, in my own practice, there has been a peculiar subjective sensation all down the spinal cord, never amounting to pain or paralysis, but causing a restlessness combined with a lack of energy that is very distressing to witness. Calabar bean has at times served to promote recovery.

The nervous terror of such patients is a marked feature; terror of horses, of crossings, of fire, of water, sometimes associated with that shrinking from meeting other people that is seen in other nervous complaints. The causation of these symptoms is, in a word, starvation of the nervous centres, either by calling too much on them in the way of work, of anxiety, of sexual indulgence, of fatigue of any kind, or by absolute starving these centres of the fatty material requisite. The mechanism is by way of the vaso-motors, as is shown by the remedial agents by which such patients are benefited, as well as by the nature of the phenomena themselves.

This reflex mode of action can scarcely be left out in the consideration of any one point in which the sympathetic is involved. By no means is it least in the great questions of inflammation.

From the masterly Lectures on Inflammation delivered here last spring by Dr. Burdon Sanderson, one may gather certain dicta, which amount almost to axioms.

1. The statement of Lister, that stasis is not due to alterations of the circulating blood, but to a change in the channels, through which it has to pass.

2. The temperature of an inflamed part never exceeds that of the rectum.

3. Cohnheim has shown that the increased temperature of external organs, when inflamed, depends on the activity of the circulation.

4. Determination of blood is a frequent precursor of inflammation, but it is not a part of it.

5. Reflex congestion produced by stimulation of sensory nerves is not the same as inflammation.

It has been known, since Claude Bernard's experiments, that division of nerves belonging to the system of organic life gives rise to three great classes of phenomena, acceleration of the passage of blood through the vessels, increase of temperature, exaggerated activity of the secretions.

The physiological history of inflammation is briefly this:

1. Some source of irritation, cold, a blow, a burn, a septic focus.

2. The centripetal nerves, whether sensory or not, which are within reach of this irritation, are excited more or less violently.

3. These nerves transmit to the vaso-motor centres of the region the excitation which they have undergone.

4. The tonic activity of these centres is disturbed, and suspended more or less completely.

5. Hence follows cessation or diminution of the tone of the vessels that are subordinate to these centres.

6. Consequently, more or less considerable dilatation of these vessels occurs.

7. But this vaso-motor disturbance can only be considered as favouring the development of inflammation. It is only secondary in importance, and does not suffice of itself to make up the phenomenon that we call inflammation. It places the vessels in a condition for easily and necessarily receiving more blood ; it induces stasis of circulation, and offers facilities for the emigration of leucocytes ; but the initial phenomena of inflammation consist in the disturbance of the intimate nutrition produced in the organised living tissue. The vitality of the cell having been gradually lowered by the previous state of its nutrition, it is thereby placed in a condition of vulnerability, and is ready at any moment to respond to morbid impressions. These may be reflex, as the impress of cold, causing pneumonia, it may be ; or direct, as from the presence of morbid germs in the blood. And the vaso-motor action of the vessels, which, without this previous alteration of the cell-nutrition, would stop short at non-inflammatory congestion, is of enormous importance in determining the various stages and symptoms of the progress of inflammation, although independent, and unconnected directly with the initial phenomenon.

Some of the capillaries are blocked early by thrombi, others that are permeable are dilated, and the course of the blood, instead of being continuous, as in the normal state, becomes jerky, as in the arteries ; and thence is carried, partly at least, the sensation of pulsation experienced in an inflamed region under certain circumstances.

As to the mechanism by which the vaso-motor centres of the bulbo-spinal axis, or at least of the vaso-motor ganglia, induce, under the influence of the irritation transmitted to them, a dilatation of vessels in the inflamed region, it probably consists in a suspension of the tonic activity of these centres. At any rate, a reflex irritation of vaso-dilator nerves is in most cases difficult of proof.

This theory of inflammation is practically a mere statement, in other words, of the dictum of Vulpian, that, in pneumonia, besides the mechanism of the cold impressions influencing in a reflex way the nutrition of the lungs through the nervous centres, there is need to admit, first, a general predisposition to inflammation ; and, secondly, a local predisposition, which renders the respiratory organs more sensitive to the reflex action of cold than other parts of the body.

But although vaso-motor paresis has little or nothing to do directly with the initial phenomena of inflammation, there are numerous instances of indirect action. Why do we look with grave suspicion on pulmonary congestion, or a similar condition in any other portion of the system ? Is it not that a region so affected is peculiarly liable to take on active mischief ? that is, a part that for a time has been affected only by means of partial paralysis of the vaso-motors, can very readily be found to be the seat of inflammation. It was this prominent fact that probably misled observers as to rôle of the vaso-motors in inflammation. Congestion so often passes into inflammation, that the former was supposed to be the cause of the latter. But the explanation of the connection is that given above. A congested part becomes gradually of necessity a part in which nutrition is badly performed. The affected spot, becoming less perfectly nourished, is *ipso facto* more or less vulnerable to influences external to itself ; in other words, it is predisposed to inflammation. The external influence arrives ; modifies directly or reflexly still further the nutrition of a part already vulnerable, already possessing unstable cells ; and the predisposition, the external influence, the modification of nutrition by the exciting cause, and the vaso-motor paresis, make up the necessary factors in the causation of inflammation.

This slow predisposing influence of congestion is markedly increased if it result in oedema. The vaso-motor nerves are implicated in causing oedema

in more ways than one. Paralysis of vaso-motors dilates the arteries, and fills them with blood. The capillaries become abnormally distended, passively dilated, and, in the case of any hindrance to the nervous circulation, œdema results. Or, œdema may be reflex, following a dilatation of vessels due to reflex sensory irritation. The capillaries may remain patent or be thrombotic; and we have traumatic irritation of centripetal nervous fibres, suspension of tonic activity of certain vaso-motor centres, paralytic dilatation of the muscular tissue of the vessels, diminished *vis-a-tergo* in the veins, and so œdema. Or, again, reflex paralysis of vessels, with enfeebled *vis-a-tergo*, gives rise to a relative intravenous stasis, an increased pressure on the capillaries, and issue of liquid from the vessels. From whatever cause, the water-logging of a tissue by œdema must necessarily interfere with its nutrition.

This part of our subject can scarcely be left without a few more words on congestion. M. Notta observed conjunctival redness in thirty-four of sixty-one cases of neuralgia of the fifth nerve. This congestion may extend over half the face, and even inside the mouth. It may be explained by the hypothesis of vaso-dilators; but, as this cannot be universally proved, it is enough to say that the transmission of the excitation along the sensory centripetal nerves to the vaso-motor centres of the regions where these nerves are distributed, may suspend the tonic activity of these centres, so as to cause a paralysis of the vessels of the corresponding regions. A similar reflex congestion may be occasionally seen in connection with neuralgia of other nerves.

The congestion of the second stage of ague owns a somewhat different causation. It is due to a dilatation of the vessels of the integument, that depends on a certain degree of vaso-motor paralysis, succeeding the stage of the cutaneous nerves in the first stage. This is not owing merely to fatigue of the nerves, as the dilatation is in no proportion to the duration or intensity of the cold stage, but to a special modification of the vaso-motor apparatus, produced directly or indirectly by the morbid agent. Fatigue of nerves may in many cases add to this. Vulpius, whose views on congestion I have followed pretty closely, attempts to explain the specific congestion of the exanthemata in a similar way, as a dilatation of the sub-epidermic vessels; and he says that, in measles, the eruption seems to show that the vaso-dilator cause acts on sets of neuro-vascular territories, distinct one from another; and that congestion of the internal viscera, the lungs for instance, in typhoid fever, is due to a functional modification of the vaso-motors of the lungs, similar to that of the vaso-motors of the skin; whilst, although the fulness of the spleen seems to depend on a proliferation of the cellular elements in that organ, yet its rapid variation in size in ague and in typhoid fever must be induced by successive weakness and activity of the vaso-motor apparatus of this organ.

Nor can I forbear mentioning the congestion of the cheeks in pneumonia from reflex dilatation of the vessels of the cheek, unilateral pneumonia being often associated with unilateral congestion of the cheek; or the occasional phenomenon, in inflammatory disease of the lungs, of the arm of the affected side being hotter than the other, probably from reflex irritation carried to the bulbo-spinal axis and reflected along the brachial plexus, and the vaso-motors included in it. Of the same order is the congestion of internal organs, notably of the intestinal mucous membrane, following burns on the surface of the body. Ulceration of the duodenum is not unfrequently met with as a sequence of such burns; and the mechanism is centripetal irritation from the skin to the spinal cord, reflected down to the semilunar ganglia and the subordinate vaso-motor nerves to the intestine.

In diseases accompanied by pyrexia, there is no necessary connection between the state of the cutaneous vessels and the sweat-glands. In the



third state of ague, the vessels seem in the same state as in the second, and yet sweating occurs. Probably, in the normal state, fibres from the sympathetic exercise a moderating action on the secreting work of the sweat-glands; when these fibres are paralysed, then hyperidrosis occurs.

Paralysis of the vaso-motor centre in the medulla oblongata by injury causes decreased production of heat, and probably always increased dissipation of heat, depending on the fact that the medullary centre dominates the vessels all over the body, and that general dilatation of all the vessels produces a sluggishness in the movements of the blood in all parts of the body. Increased heat of blood cannot, therefore, depend on this general paresis of all the vaso-motors, but must be due to affection of the controlling inhibitory heat centre or centres, that have been found by experiment to lie above the medulla oblongata.

What is known about the influence of the sympathetic on sweating has been mainly observed in cases of unilateral hyperidrosis. Eulenburg and Guttman have remarked that, after section of the cervical sympathetic—in one case in the left sympathetic—there were very varicose and dilated vessels, which perhaps, when full, passed on some of the sympathetic nerve-elements, and so paralysed them; also that, by galvanisation of the cervical sympathetic, the secretion of perspiration in the arms is increased. They think that this is due to currents entering the brachial plexus or the spinal cord, and has nothing to do with the sympathetic proper.

Unilateral ephidrosis is sometimes seen in exophthalmic goitre. Schwabach records a case in which pressure on the cervical sympathetic was associated with heat and redness of the right side of the face, and unilateral sweating on the least exertion. In Seguin's case, there was normal perspiration on the left side of the face, whilst the right side was absolutely dry, and here the right sympathetic was adherent to the sheath of the vessels. In Ebstein's case of unilateral sweating, there were very dilated and varicose vessels in the ganglia of the affected side.

In Seeligmüller's case of a woman who had had right ephidrosis during the whole of life, and in whom all the symptoms of paralysis of the right cervical sympathetic were manifested, there was found after death sclerosis and fatty degeneration of the right cervical sympathetic.

We find that sweating follows paralysis of the sympathetic, whilst vaso-motor paralysis, sufficient to cause extreme dilatation of vessels, is not necessarily associated with sweating. It is certain, therefore, that one of the functions of the sympathetic is that of inhibiting overaction in the sweat-glands, of maintaining tone in these organs; and that hyperidrosis depends, not on the vaso-motor nerves, but on secreting fibres emanating from the cord through the rami communicantes to the sympathetic ganglia.

Seeligmüller asserts that the position of the sweat-centre is doubtful. It resides possibly in the spinal cord, possibly in the upper surface of the brain. That the irritation that excites hyperidrosis may be reflex, is seen in those cases of extreme perspiration of the palms of the hands induced by indigestion; and instances of perspiring feet, not only hyperidrosis but osmidrosis, are not wanting, in which the existing cause is to be sought in abdominal and pelvic irritation.

Vaso-motor paralysis is not necessarily accompanied by the secretion of sweat, but the reverse statement does not hold good. The secretion of sweat is accompanied by vaso-motor paresis, and if there be a paralysis of the vaso-motor centres that preside over the vascular tone of the sweat-glands, hæmatidrosis, bloody sweat, may result. And in spite of cases of simulation and of red fungus, it is certain that such bloody sweat is met with, depending on paralysis of the sympathetic fibres inhibiting the action of the sweat-glands, *plus* an intense vaso-motor paralysis of the vessels of these organs, and such a consequent congestion as may lead to rupture of vessel.

The influence of the sympathetic on the nutrition of a part, and on its circulation, render it, to say the least, one of the chief factors in inflammatory disease of every organ of the body. The vaso-motor supply of the cerebral and meningeal vessels brings the brain and its membranes into close relationship with the cervical ganglia. Take general paralysis of the insane. The lesions found *post mortem* are many and various, but in all cases there may be found cerebro-meningeal hyperæmia, that has often proceeded to emigration of leucocytes, distension of vessels, impediments (chiefly thrombotic) to the circulation, irritative overgrowths of the connective nuclei of the walls of the vessels, and probably also of the neuroglia. This is only a somewhat more modern expression of Calmell's dictum, that the pathological lesion is chronic inflammation of the brain, especially of the superficial part of the convolutions, the grey substance, and the meninges. In addition to the *délire ambitieux*, which is sometimes wanting, and which, occurring in a few other morbid states of the brain, cannot be considered pathognomonic of general paralysis, early inequality of the pupils, a sense of fatigue that yet does not overcome the tendency to wakefulness, irritability of temper, slight paralytic phenomena of speech, of prehension, and of locomotion, with great facility in the formation of bed-sores, would be some of the more remarkable symptoms of this condition. Not only does the inflammatory character of the disease connect it with the sympathetic, not only can the intermission of the morbid phenomena be explained in no other way, but the inequality of the pupils has been thought by some to point to the same fact. My friend Dr. Thompson, of the Bristol County Lunatic Asylum, justly says, however, that the asymmetry of the pupils is due to the want of symmetry in the rate of progress of the cerebral lesion.

Myosis is a symptom that so often occurs in disease, apt, as it is, not only to assist a diagnosis, but frequently to increase the gravity of the prognosis, that it may be advisable to devote a few words to it. Contraction of pupil is seen to follow compression of the cervical sympathetic by tumour to the extent of paralyzing the sympathetic branches. In a recent case of some obscurity, the diagnosis of aneurysm was rendered certain by the unilateral myosis. This symptom is seen in lesions of the pons Varolii, in sclerosis of the medulla oblongata, in disease of the cervical cord, especially in tabes cervicalis, and sometimes in progressive muscular atrophy. It is found in traumatic paralysis of the brachial plexus from simultaneous paralysis of the cervical sympathetic, the vaso-motor fibres being unaffected.

With the exception of one or two ciliary nerves of separate origin, all the branches destined for the iris and ciliary muscle proceed from the ciliary ganglion. What influence is exercised on the ganglion by each of the three nerves by which it is supplied?

1. The oculo-motor has undoubted action on the sphincter of the pupil. The pupil becomes dilated and immovable in paralysis of this nerve. This nerve is the condition, *sine quâ non*, both for reflex and accommodative movement of the pupil.

2. The filaments of the sympathetic acting on the pupil arise from the spinal cord, and pass into the anterior roots of the two lower cervical and six upper dorsal nerves. There is slight contraction of pupil on section of this nerve, and gradual dilatation on irritation of it in the neck. After division of the sympathetic in the neck, the upper part passes into fatty degeneration. The action of the sympathetic root consists in a persistent exaltation of tone of the radiating fibres. It is not proved that it acts on the accommodation. Irritation of the sympathetic in the neck causes contraction of the vessels of the iris. Dilatation of the pupil from irritation of the sympathetic nerves is not due to contraction of vessels (the diminution of blood in the iris lessening contraction of the sphincter muscle), but depend on contraction of the radiating fibres of the iris.

3. The influence of the fifth nerve is doubtful, but it is probably sensory. As a motor influence it may act on the ciliary ganglion, either to increase the action of the fibres of the oculo-motor, or to diminish that of the sympathetic.

If these views are correct, and they are those of Donders, the position of the sympathetic in the causation of myosis is not a very important one. Certainly, in general paralysis of the insane, where the lesions are largely intracranial, the myosis is due to irritation of the oculo-motor nerve rather than to the paralysis of the sympathetic; and if, in addition to this state of the third nerve, there be irritation of the fifth also, the effect of the sympathetic would be rendered *nil*. The influence of the sympathetic on the pupil can only be seen when neither of the other nerves supplying the ciliary ganglion are irritated or paralysed. The intermissions of general paralysis depend on the greater or less congestion of the brain or its membranes. Vulpian, indeed, goes further, and suggests that many of the so-called apoplectic attacks in this disease are not due to overdistension of the vessels, but to anæmia of parts of the brain, such anæmia being the result of reflex vaso-constrictor phenomena. The foci of white softening sometimes found in general paralysis may have this origin, but far more frequently is it the sequence of thrombotic blocking of minute arteries.

A similar reflex constriction of vessels may occur in tuberculous meningitis, or in tubercle of the brain, from the irritation of the foreign growth; but this theory is unnecessary, as the interference with the calibre of the vessels is fully accounted for by the early growth of tubercle on their adventitia.

Nor can more than the ordinary vaso-motor influence be traced in most of the other morbid conditions to which the cerebro-spinal nervous system is liable. In meningitis, in mania and melancholia (except that these latter may show remissions), in hæmorrhage, in softening, in sclerosis of the brain and cord, in inflammation of the cells of the anterior horns or in atrophy of the same, the sympathetic has not much to do directly. In one disease just mentioned—progressive muscular atrophy—the fact that the lesion is due to a malnutrition of cells of the anterior cornua, induced by a condition of the nutritive vessels rendered morbid by an abnormal state of the vaso-motor nerves, is probable, but certainly has never been demonstrated. It is, however, only fair to say that Sir Charles Bell thought the sympathetic was concerned in this disease, and that Jaccoud shares his views; and that, besides the lesions of the anterior horns, the cervical ganglia of the sympathetic have been found converted into fat, whilst the raised temperature, in the early stages diminished later, the increased perspiration, the atrophy of the layers of skin, the painful swelling of joints, and sometimes the contraction of one pupil, all point to some sympathetic connection. In pseudo-hypertrophic paralysis, one case has been attributed to paralysis of the sympathetic; but from the study of the physiology of the sympathetic, the course of the disease, the *post mortem* appearances, and the sufficiency of other explanations for the lesions, the conclusion is almost necessary that the sympathetic has little or nothing to do with this disease. It is quite another question whether progressive muscular atrophy has not some influence on the sympathetic. Myosis in this disease is rare; but, when it exists, it may depend in some sort on the cutting off more or less of the influence of this nerve from the ciliary ganglia, so that, its inhibitory effect on the contraction of the pupil being removed, the oculo-motor acts with great intensity. But this and all other sympathetic phenomena in progressive muscular atrophy seem to be secondary in point of time to the disease itself.

In sunstroke, the primary condition is twofold: paralysis of the inhibitory heat-centre, and paresis of the chief vaso-motor centre on the medulla oblongata. The loss of tone in the capillaries and small arteries, and the

consequent congestion, is especially seen in the lungs, and forms an important element as to the peril of the patient. Hæmorrhages have been found the ganglion cervicale supremum.

In epilepsy, there is much to be said about vaso-motor influence, although the opposite view has been taken by distinguished Fellows of this College. Meynert believes that in epilepsy the hippocampus major is a vaso-motor centre, irritation of which causes spasm of vessels, and so epileptic convulsions. Nothnagel considers vascular cramp an essential factor in all epileptic seizures. Binswanger says that, in a typical fit, excitement of the convulsive centre and of the vaso-motor centre are co-ordinated. If the excitement of the vaso-motor centre exist alone, there is *le petit mal*. If excitement of the convulsive centre exist alone, we have those rare cases of motor epilepsy, convulsion without loss of consciousness. Most frequent—both centres are excited together.

The influence of emotion, especially the terror at the sight of another person in an epileptic fit, seems so prominent in this disease, that this alone points to a vaso-motor basis.

Dr. Gowers, however, states his case clearly enough. The three views most in vogue are these.

1. Epilepsy is simply a disease of the vaso-motor centre in the medulla oblongata, setting up vaso-motor spasm affecting particular arteries, and thus causing local cerebral anæmia, which induces the discharge from the hemispheres. This theory is held by few.

2. Convulsion depends on discharge of motor or convulsive centres in the medulla oblongata; while loss of consciousness is the result of arterial spasm in the hemispheres, due to the action of the vaso-motor centres in the medulla.

3. The view of Dr. Hughlings Jackson; that the local discharge in the brain excites at the spot arterial contraction, and this determines the spread of the discharge.

To this Dr. Gowers objects, the pallor of the face is often absent; this, when present, it is no proof of anæmia of the brain, but is probably due to a reflex contraction of peripheral vessels excited by the discharge in the brain; and that convulsion is not usual in cardiac syncope; that this third view is not needed, and is opposed to the fact, proved by experiment, that functional debility causes reflex dilatation, and not contraction, of vessels.

He would say that the phenomena of epilepsy depend on instability of resistance, rather than on any primary change in the energy-producing action of the cells. It seems open to question whether this somewhat negative theory suffices to explain all the various forms of epilepsy; whether, particularly, it demonstrates the mechanism of *le petit mal*. On the other hand, Echeverria has recorded twenty-six cases of epilepsy, in almost all of which there was found sclerosis or fatty degeneration, or pigmental infiltration of the cervical sympathetic, and often two or more of these changes united; sometimes also a similar condition of the solar and other abdominal plexuses.

Again, although the extraordinary high temperature in the status epilepticus is not a proof of the implication of the sympathetic, and may be caused merely by paralysis of the inhibitory heat-centre in the brain, yet this great heat can hardly arise without some vaso-motor change, even if this very paralysis of heat-inhibition be not caused by anæmia of the centre from reflex contraction of its vessels.

The numerous instances of true epilepsy, caused by reflex irritation from distant organs travelling upward by way of the sympathetic, are not wholly explicable by the theory of instability of cells. The epileptic condition, consequent on irritation of the uterus and its appendages; the gastric epilepsy in men, of which Pomeroy speaks as answering to uterine epilepsy in women, are only some of the examples of this reflex condition.

The ~~phenomena~~ are the greater, inasmuch as all theories must be more or less hypothetical. It seems likely that the convulsive centre in the medulla is a nucleus, corpus striatum for collecting, modifying, radiating convulsive motor phenomena from the cerebral motor area; that epilepsy with convulsions may depend on direct or reflex irritation of this centre, but far more frequently on some condition of cells in the cerebral motor area, that may well be termed instability; that these lesions and their consequent phenomena may be wholly independent of vaso-motor disturbance; but that loss of consciousness occurring either as an early symptom of the convulsive form of epilepsy, or as an independent phenomenon in *le petit mal*, owns as its cause anæmia of the non-motor area of the brain: an anæmia depending on vaso-motor irritation. Brown-Séquard's experiment, showing that compression of the cervical sympathetic was a valuable means against *le petit mal*, points to the truth of this latter proposition.

The whole question of optical delusion is more or less under the influence of vaso-motor action. In health, the impression of an external object is carried to the retina, and thence to the corpora quadrigemina. Thence it is transmitted to the angular gyrus as a sensory centre, and reflected on to the anterior lobes for perception. But in certain variations of the vascular tone of the vessels of the angular gyrus this centre seems to have the power of evolving optical delusions, wholly irrespective of external impressions. Many of the phenomena of febrile delirium, of delirium tremens, and of mania are produced by vascular congestion, or by anæmia, of the angular gyrus. Probably, too, the false sensations of optical impression depend on a similar congestive condition of the gyrus, including many of the varieties of hallucination and illusion.—*British Medical Journal*, Aug. 26, 1882.



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THE COMMON PLATFORM.

Dr. Burnett has a beautiful article under an uncouth title in the November number of his Journal. It ought to have a quieting and soothing effect upon all homœopathic practitioners, or physicians who recognize homœopathy as the best system of medicine as yet devised. What Dr. Burnett has called the platform of his *Homœopathic World* is in reality the platform of the world of homœopathic physicians. That platform is the law of similars.

The rock on which unity amongst homœopathic physicians has been wrecked is the question of the dose. Storms of angry discussion are beating against the rock itself, and if it had not a broader basis than the disputationists imagine or would believe, it would have proved the grave of homœopathy. It has always struck us as something unaccountable how those, who profess to be true homœopaths, could have made this question the turning point of so much difference of opinion. One, who has watched the progress of homœopathy as it was being developed by the Founder, must have seen the wide basis of homœopathic posology of which we speak. Dr. Burnett has put it so well that we quote him entire: "Hahnemann," says he, "at first gave comparatively large doses; he then gave less and less till he came to

the examination; he was a homœopath all the time; a homœopath; then a low dilutionist, then a high dilutionist, and finally a highish dilutionist. Now the world are in point of dose divided into three classes, and there is a fifth, the broad dilutionist, and again, a sixth, the ultra-Hahnemannian transcendentalist. Thus we, individually, hold that the dilutions may ALL be used in homœopathic practice, or the crude substances themselves without any diluting at all, but the longer we practice Homœopathy the greater is our respect for higher dilutions when the strictest bio-pathological similitum has been found, and we believe there are cases in which they alone will cure. But we consider the dose question as still not only open, but *wide open*."

Are the high dilutionists, Hahnemannians, and ultra-Hahnemannians, prepared to admit that Hahnemann was not a homœopathist, did not practice homœopathically, when he cured the famous washerwoman with a full drop of the mother tincture of Bryonia? If not, then how can they condemn those of their colleagues who use crude drugs in their practice? Hahnemann was scarcely consistent in this matter of the dose. While latterly he fixed, in his *writings*, the 30th centesimal dilution as the lowest dose for all medicines, and while he even countenanced the use of the higher dilutions such as the 200th, it is questionable if he himself followed his own instructions in actual practice. After his death the pocket-case which he used to the last was found to contain medicines from the 3rd trituration to the 30th dilution. As we said in this journal sometime ago (Sept. 1871), "we can think of no other way of accounting for this than by supposing that, in a few instances, he must have observed the efficacy of the 30th dil., and that subsequent experience of gradually diminishing the dose must have to a considerable extent confirmed his previous observation; but that in asserting that the 30th dil. was sufficient in all cases, he merely enunciated his belief, without adhering to it in actual practice in which he did not venture out much beyond his past experience. He would thus seem to us to have been very judicious and extremely cautious as a practitioner, but hasty and rash as a teacher. What he thought might turn out to be true, and, therefore, what he

should have offered as a mere suggestion for future verification, he was in the habit of laying down as a positive rule of practice."

It may be that "the dilutions may *all* be used in homœopathic practice," but it would not be correct to say that all dilutions may be indifferently used in all cases, provided the true *similimum* is found. So far as we have been able to arrive at a conclusion from our experience, it seems to be a fact that for the same disease in different individuals, and even in the same individual at different times, the same dilution will not answer, but that very different dilutions will have to be used. The rule that a lesser dose should be used than the physiological one, is probably correct, and would help the practitioner if the physiological dose could be found. But we believe it is not easy, nay, most difficult, to find out this physiological or pathogenetic dose. The variations of individual susceptibilities or idiosyncracies are so great, and these idiosyncracies vary so much in even the same individual at different times and are subject to so many unforeseen and unforeseeable conditions, that it is well-nigh hopeless to find out, much less to fix, the pathogenetic doses for all individuals. An individual may be insensible to any dilutions of a drug, and will manifest disturbance of health only under the influence of massive doses of the crude drug. Again, it is a fact, though a strange one, that an individual may be more sensible to the action of dilutions than of the crude drug.

It must be evident, therefore, that the homœopathic practitioner cannot tie himself down to the crude drug, or to the low dilutions, as for instance to the sixth centesimal, or to the medium dilutions, say to Hahnemann's thirtieth centesimal, or to dilutions higher than these. It is our deep conviction that such blind adherence to one set of dilutions is not, cannot be, advantageous to patients. For each case there must be a range of dilutions, within which a drug must be used to be efficacious, and beyond which, or rather on either side of which, it must be inefficacious, and may be positively injurious. A gradual experience will considerably lighten the labor of the cautious practitioner to find out the appropriate dose. With reference to the higher dilutions, we must confess we feel extremely diffident to speak. But it must be evident, even to the transcendental high-dilutionist, that there must be a limit. But where that limit is, and how to find it



out? We do not think this is yet possible by the light of physical discoveries. The most advanced views on the structure and size of atoms are at best but hypothetical, and, therefore, they can not be held to be competent to decide against matters of positive experience. We must say that in a matter of such transcendent difficulty and of such supreme importance, it does not become the man of science to be dogmatic with the uncertain light of hypothesis. To the high dilutionist we must say that in a region where the human intellect becomes bewildered, it is necessary to have recourse to all manner of precautions to ensure accuracy of research, and that it is neither scientific nor safe to be overconfident. In our humble opinion, the preparation of the higher dilutions should not be left to the apothecary, but should be made by the physician himself who wants to test their efficacy. All secret preparations should be unsparingly condemned, and all doubtful methods, such as that of fluxions, should be scrupulously avoided. The strict Hahnemannian method, with a good number of vigorous shakes, should alone be resorted to. When the physician has so prepared his higher dilutions, then but not till then would he be justified to speak with confidence of their efficacy. In the interests of therapeutics we must refuse to accept evidence which comes short of this. And we must remind all our colleagues that in proportion we proceed higher with our dilutions, caution in examining their efficacy should be the greater. Instead of mere dogmatic assertions, let us have genuine cases of cure, be they under crude drugs, low or high dilutions, and the dose question will find its own solution.

Having disposed of the most disputed and disputable point in homœopathy, the question of dose, let us examine the very foundation of the system, the law of similars, and see if there is any possibility of divergence of opinion regarding it amongst those who profess to be homœopaths. That there is divergence of opinion even here, the history of homœopathy but too plainly shows. That divergence of opinion has proceeded from the different answers which homœopathic physicians have sought to give to the question, in what consists the similarity? Here again the differences amongst homœopathic physicians find their parallel in the differences that exist in Hahnemann's homœopathy. Homœopaths in the present day are divided into two chief

classes, namely, those who will have no other similarity than the similarity of symptoms, and those who hold that the essential similarity must be pathological. Our readers will remember that Hahnemann insisted upon the similarity of symptoms only, apparently to the exclusion of all pathology. But it must be evident to all that he gradually found symptomatic similarity to be imperfect and insufficient, and that while vehemently denouncing all pathology, he had to manufacture a pathology of his own, attributing the evolution of all chronic diseases to either psora, syphilis, or sycosis. Here we have another rock on which unity has been wrecked. "Some homœopaths," says Dr. Burnett, "accept these, the master's teachings, and some do not. They are homœopaths whether they do or not, but if they do not they are not Hahnemannians. Individually," continues Dr. Burnett, "we find this tripartite pathology of *great practical* utility, and we hold that it is a close approximation to nature's pathological workings. Absolute scientific truth we think it is not, for there is a metaphysical dash about it, and it lacks in scientific definiteness." There must be a metaphysical dash about all pathology, and the question is not, whether we are to accept and look upon Hahnemann's pathology as perfect, but whether we are to accept any pathology at all. Hahnemann did not think that in his theory of syphilis, sycosis and psora being the origin of all chronic diseases he actually delivered himself of a variety of what he himself has been denouncing all his life: neither do those, who delight in calling themselves Hahnemannians, think that he actually invented a pathology to replace the pathologies extant in his time. Nevertheless the fact remains that the founder of Homœopathy did create a pathology. And the fact seems to be that mere symptomatic similarity is not enough, but that to carry out homœopathy to its fullest extent in order to make it a complete system out of a method which cannot be worked with symptoms only, it is necessary to have recourse to pathological similarity. Indeed, in many cases symptomatic similarity can only be understood and interpreted, and saved from leading into disastrous error, by the light of pathological similarity. Notwithstanding differences amongst homœopathists on this point, it is a satisfaction to find that they all agree as to the similarity. The law of similars remains, therefore, intact and constitutes the common platform on which we all can meet.

## THE RECENT PREVALENCE AND SEVERITY OF CHOLERA IN CALCUTTA AND THE SUBURBS.

Cholera has been unusually frequent and unusually severe in the metropolis, its suburbs, and their adjoining villages since the beginning of last year.

The total deaths from cholera in 1881 were 1693. The mortality of this year to the end of November has already exceeded that number, by about 150 deaths. At the rate deaths are taking place from the disease, the mortality of the present year will exceed that of the past by no less than 400 deaths. The year 1880 was comparatively a healthy year in respect of cholera, having a mortality of only 805. The two previous years, 1878 and 1879, each showed much heavier mortality than 1880, though falling much short of 1881 and 1882. The deaths in 1878 were 1338, in 1879 a lesser number, 1186.

There does not appear to be any regularity in the appearance, frequency, and severity of the disease, as respects the time of the year. Thus taking the five years 1878-1882, we have March the worst month in 1878, May in 1876, November in 1880, April in 1881, June in 1882. The best month was September in 1878, October in 1879, June in 1880, June in 1881, August in 1882. We intend to return to the subject of statistics in the next number.

Cases have proved fatal within a few, sometimes not more than four, five or six, hours from the attack. Others have lingered on for days and then died, even after the apparent establishment of the urinary and hepatic secretions. Delirium, coma, and gradual decline mark the course of these cases, after the subsidence of the purging and vomiting. In some cases the urinary secretion becomes suppressed after it seemed to have been established. Sometimes both the urine and the stool become suppressed, giving rise to tympanites, dyspnoea, distressing and exhausting hiccough, delirium, and coma from which the patient can with difficulty be roused.

The disease has proved rebellious even to homœopathic treatment. Indeed, in the present outbreak the new school has not proved itself as successful as it used to do in previous ones. And the old school has not altogether failed. Some of the practitioners of the old school have begun to roughly follow the

methods of the new, or rather have begun to use some of its drugs, in doses not infinitesimal indeed, but very far from the ordinary heroic doses. Thus, they have begun to use arsenic (generally the *Liq. arsenicalis hydrochlorici*) in minim and even  $\frac{1}{2}$  and  $\frac{1}{4}$  minim doses, and have sometimes succeeded. It is incumbent upon us to take note of these facts of success, especially when we have so often failed with our infinitesimals.

Homœopathic treatment, properly so called, ought to be successful in the treatment of cholera, as much at least as it has been in times past. When, therefore, treatment of cholera in the present outbreak under homœopathic practitioners has not been crowned with the success which pioneered its cause throughout the world, the explanation of the fact must be sought in either of the following suppositions: 1. The treatment pursued has not been homœopathic at all, or 2. not judiciously homœopathic, or 3. homœopathy is not applicable to all cases or to all stages of the disease. Notwithstanding that the homœopathic materia medica has become rich enough for cholera, yet it may be that the varieties which the disease presents are more than we have drugs with their similia. Those cases, therefore, which have no corresponding homœopathic drugs, can be treated homœopathically only tentatively and approximately, and not thoroughly. And the result of such treatment cannot be brilliant.

Again, homœopathic treatment might not have been judicious. Treatment with homœopathic drugs and in homœopathic doses is not necessarily homœopathic. A long experience has convinced us that injudicious, unhomœopathic "homœopathic" treatment is not harmless; in some cases, is fraught with real danger to patients. This we have found to be particularly the case in the treatment of cholera, than which no disease requires a more discriminate use of drugs, and a more courageous abstinence from drugs. We have found that a drug wrongly chosen has aggravated the symptoms of a case and even rendered it fatal. And that has been the disastrous consequence of even unnecessary repetition of drugs.

Lastly, is it possible to arrive at a solution of the question, whether homœopathy is applicable to all cases of cholera and to all its stages? or to put the question in another form, is homœopathy *sufficient* for all cases and stages? The absolute

determination of this question is only possible when we have the resources of a complete and perfect homœopathic materia medica. But we have not got such a materia medica. We must therefore content ourselves with an imperfect and an indirect solution. A comparison of cases treated under different systems of medicine is generally supposed to furnish the necessary data for the solution of the question. But we submit that this procedure can only point to the general superiority or inferiority of particular systems. It cannot establish the sufficiency of a system in all cases and all stages of a disease. A method and a system of treatment may be superior to another or even all others, but it does not necessarily follow that it is competent to meet all cases and all conditions. When it has its failures, and when other systems have their successes, we must pause, weigh well and consider before we unqualifiedly give our preference to it, and as unqualifiedly denounce the others as absolutely worthless and injurious. It must be shown that other systems fail where homœopathy succeeds, that when other systems succeed their success is not on a par with that of homœopathy, and that where homœopathy fails other systems fare worse, in order that the practitioner may rest secure that in adhering to homœopathy and in ignoring all other systems in all cases and conditions he is doing his duty to his patients.

It is with a view to the solution of this vitally important question that we earnestly invite our colleagues, both of the new and the old school, to help us with their experience. Detailed reports of cases will be most welcome. With the same object we publish Hahnemann's famous directions for the prevention and treatment of this scourge of mankind, of the East in particular, and of India as its chosen home; and we shall be glad, indeed, we shall deem it a duty, to publish any observations we may be furnished with, corroborative or otherwise of Hahnemann's views. In our humble opinion, during the prevalence of cholera, sporadic or epidemic, the smelling of camphor and the internal use of camphor are likely to be of more use, as destructive of the poison whatever it is, which gives rise to the disease, than any other procedure. But this we offer as a mere suggestion.

HAHNEMANN ON THE CURE AND PREVENTION  
OF THE ASIATIC CHOLERA.\**Preliminary.*

A receipt has been given to the world, which proved so efficacious in Dünaburg in the Asiatic cholera, that of ten patients but one died. The chief ingredient is *camphor*, which is in ten times the proportion of the other ingredients. But not a tenth—may, not one in a hundred of the patients would have died had the other ingredients, which were but injurious and obstructing, and the venesection been left out, and the *camphor* been given alone and always at the *very commencement of the disease, for it is only when given alone, and at the first invasion of the disease, that it is so marvellously useful.* But if physicians come as usual, too late to the patient, when the favourable time for employing the *camphor* is past, and the second stage has already set in, when *camphor* is useless, then they may use it in vain; their patients will die under its employment. Hence every one, the instant any of his friends take ill of Cholera, must himself, immediately treat them with *camphor*, and not wait for medical aid, which, even if it were good, would generally come too late. I received many communications from Hungary from non-medical persons, who have restored their friends, as if by magic, by giving *camphor the instant they became ill.*

When the cholera first appears, it usually comes on in the commencement in its first stage (with tonic spasmodic character); the strength of the patient suddenly sinks, he cannot stand upright, his expression is altered, the eyes sunk in, the face bluish and icy cold, as also the hands, with coldness of the rest of the body; hopeless discouragement and anxiety, with dread of suffocation, is visible in his looks; half stupified and insensible, he moans or cries in a hollow, hoarse tone of voice, without making any distinct complaints, except when asked; burning in the stomach and gullet, and cramp-pain in the calves and other muscles; on touching the precordial region, he cries out; he has no thirst, no sickness, no vomiting or purging.

\* From the *Archiv f. hom. Heilk.*, vol. xi, 1831 as given in the "Lesser Writings" by Dudgeon.

In the first stage *camphor* gives rapid relief, but the patient's friends must themselves employ it, as this stage soon ends either in death or in the second stage, which is more difficult to be cured, and not with *camphor*. In the first stage, accordingly, the patient must get as often as possible (at least every five minutes), a drop of spirit of camphor (made with one ounce of camphor to twelve of alcohol), on a lump of sugar, or in a spoonful of water. Some spirit of camphor must be taken in the hollow of the hand and rubbed into the skin of the arms, legs, and chest of the patient; he may also get a clyster of half-a-point of warm water, mingled with two full teaspoonfuls of spirit of camphor, and from time to time some camphor may be allowed to evaporate on a hot iron, so that if the mouth should be close by trismus, and he can swallow nothing, he may draw in enough of camphor vapour with his breath.

The quicker all this is done at the first onset of the first stage of disease, the more rapidly and certainly will the patient recover; often in a couple of hours\* warmth, strength, consciousness, rest and sleep return, and he is saved.

If this period of the commencement of the disease, so favourable to recovery and speedy cure, by the above indicated employment of camphor, has been neglected, then things look worse; then camphor is no longer serviceable. There are moreover cases of cholera, especially in northern regions, where this first stage, with its tonic spasmodic character, is hardly observable, and the disease passes instantly into the second stage of clonic spasmodic character: frequent evacuation of watery fluid, mixed with whitish, yellowish, or reddish flakes, and, along with insatiable thirst and loud rumbling in the belly, violent vomiting of large quantities of the same fluid, with increased agitation, groaning and yawning, icy coldness of the whole body, even of the tongue, and marbled blue appearance of the arms, hands and face, with fixed sunken eyes, diminution of all the senses, slow pulse, excessively painful cramp in the calves, and spasms of the limbs. In such cases the administration of a drop of camphor spirit every

\* There were cases of patients for whom camphor had not been employed, who had apparently died in the first stage and were laid out for dead, in whom a finger was seen to move; in these some camphor-spirit mixed with oil and introduced into the mouth, recalled the apparently dead again to life.

five minutes must only be continued so long as *decided* benefit is observable (which with a remedy of such rapid action as camphor manifests itself within a quarter of an hour). If in such cases, decided benefit is not soon perceived, then no time must be lost in administering the remedy for the second stage.

The patient is to get one or two globules of the finest preparation of *copper*\* (prepared from metallic copper in the mode described in the second part of my work on Chronic Diseases), thus *cuprum* 0,00 X, moistened with water, and introduced into his mouth every hour, or every half-hour, until the vomiting and purging diminish, and warmth and rest are restored. But nothing else at all must be given beside; no other medicine, no herb tea, no baths, no blisters, no fumigation, no venesection, &c., otherwise the remedy will be of no avail. Similar good effects result from the administration of as small a portion of white hellebore (*veratrum album*, 0,00 X); but the preparation of copper is much to be preferred, and is more serviceable, and sometimes a single dose is sufficient, which is allowed to act without a second being given, as long as the patient's state goes on improving.†

The wishes of the patient of all kinds are only to be indulged in moderation. Sometimes, when aid is delayed many hours, or other and improper remedies have been administered, the patient falls into a sort of typhoid state, with delirium. In this case, *bryonia* 00 X, alternately with *rhus tox.* 00 X, proves of eminent service.

The above preparation of copper, together with good and moderate diet, and proper attention to cleanliness, is the most certain preventive and protective remedy; those in health should

\* If the dear and scarce (frequently falsified) cajeput oil be actually so serviceable in the Asiatic cholera that out of ten scarcely one died, it must owe this quality to its camphor-like property (it may almost be regarded as a fluid camphor and to the circumstance, that from the copper vessels in which it is imported from the East Indies, it takes up some portion of copper, and hence, in its unpurified state, it is of a blueish-green colour. It has, moreover, been found in Hungary, that those who wore next the skin of their body a plate of copper, were exempt from infection; as trustworthy intelligence from that country informs me.

† Similar affections resulting from immoderate repletion of the stomach with indigestible nutriment, are best removed by a few cups of strong coffee.



take, once every week, a small globule of it (*cupr.* 0 X) in the morning fasting, and not drink anything immediately afterwards, but this should not be done until the cholera is in the locality itself, or in the neighbourhood. The health of the individual will not be in the least disturbed by this dose. I shall not, but any other homœopathic practitioner may, tell where the above medicines may be procured, excepting the camphor, which, like the alcohol, may be had at every chemist's shop.

Camphor cannot preserve those in health from cholera, but only the above preparation of copper; but when the latter is taken the vapour of camphor must be avoided, as it suspends the action of the copper.\*

\* [In the first Vol. of the *Bibl. Homœopathique* we find the following extract of a letter from Hahnemann to the Editor :

"*Cuprum*, as a prophylactic against cholera, has generally shewn itself efficacious wherever it has been employed, and where its action has not been disturbed by gross dietetic faults, or by the smell of camphor (which is its antidote). The best homœopathic practitioners have also found it indispensable in the second stage of the fully developed disease, alternated, if the symptoms indicate this, with *veratrum album* X. I have also advised the alternation of these two substances from week to week as a preventive against the disease.

"I learn from authentic sources that at Vienna, Berlin and Magdeburg, thousands of families, by following my instructions respecting the treatment by camphor, have cured, often in less than a quarter of an hour, those of their members who were attacked by the epidemic, and that so effectually, that their neighbours knew nothing about it, and still less their medical attendants, who oppose with all their might this treatment, so simple, so rapid, and so constantly certain in its effects."—*Dudgeon*.

## TREATMENT OF SCROFULA.

(Translated from the French of Dr. P. Jousset in L'Art

Medical, Oct. 1882.)

Scrofula, especially if, as I teach it, we connect with it phthisis pulmonalis, is certainly the malady which we most frequently meet with in practice. It is likewise one of the gravest and most rebellious to treat. It is of importance therefore to determine exactly its treatment.

Scrofula is a constitutional malady characterized by the tendency to chronicity, ulceration, suppuration, and formation of tubercles. The principal forms of the disease are the king's evil, ophthalmias, caries, white swellings, cutaneous affections, phthisis and all tuberculous affections.

I call to mind, in order to facilitate therapeutic applications, that Scrofula presents four forms, the common form, the benign form, the malignant form, and the stationary form, and that the common form presents four periods in its development.

Scrofulous affections having an extreme importance, as much from a pathological as from a therapeutic point of view, we reserve the study of their treatment to the chapter on localized maladies. Here we shall treat of the *prophylaxis* and the *general treatment* of scrofula.

*Prophylaxis.*—The prophylaxis of Scrofula is entirely in the domain of hygiene.

The infant born of scrofulous parents ought to be nursed (suckled) to the end of the first dentition. Later, its alimentation ought to be varied and abundant. It is necessary to avoid with care the abuse of meat and wine which conduces to phthisis. Up to the second dentition I advise the absolute abstinence from wine, by reason of the frequency of tuberculous meningitis at this period of life. Open air and broad day-light are the two powerful agents in the prophylaxis of Scrofula. It is necessary to court these conditions, especially in large towns; and better, if the thing is possible, to bring up the infants in the country, on mountains, and principally at sea-coast; but it should never be forgotten, that even at the sea-coast, the bed-chamber ought to be large, well-ventilated, and well-lighted. Nothing in the world generates

scrofula more than the *cell of the porter*, the type of damp habitations, dark and close.

The exercises of the body, gymnastic, walking, hunting, cold lotions, cold baths, provided they are not too prolonged, are the best preservatives against scrofula.

Parents and school-masters should not forget that masturbation and venereal excess are a frequent cause of the development of scrofula.

*Treatment of Scrofula.*—We give in this chapter only the general treatment of scrofula. The treatment of each affection in particular will come when we shall treat of the therapeutics of localized maladies.

*Calcareæ Carbonica*, *Sileceæ*, *Iodium*, *Bromium*, and *Sulphur* are the principal medicaments of scrofula.

*Calcareæ carbonica* and *Sulphur* are suited from the beginning of the disease, as prophylactics, during the first infancy and during the convalescence from diseases which, like the measles, favor the development of scrofula. Under these circumstances I alternate the two medicaments, and I prescribe them at the 30th dilution. Two globules on the tongue every day, one week *sulphur*, and one week *calcareæ*, for three months; rest for one month, and then resume them.

*Sulphur* and *calcareæ carbonica* are indicated by fatigue without cause, horror of movement, swelling of ganglions, cutaneous eruptions, easy perspiration even during rest. *Calcareæ* is indicated by puffiness of the face and tumidity of the belly, when the infant has a voluminous head with retardation of the ossification of the fontanelles, when the veins are very much developed, the eyes cast down and bluish. If the scrofulous affections develop during difficult and retarded dentition, *calcareæ carbonica* is still particularly indicated.

*Sulphur* ought to be preferred if the sensitiveness to cold is very pronounced, if there is great susceptibility to coryza from cold wind. Irregular stools, diarrhoea or constipation, emaciation with continuance of appetite, are symptoms which indicate *sulphur*.

*Sileceæ*, which is indicated in the first infancy for infants of retarded growth, whose teeth cannot push through the gums, and who cannot learn to walk, is especially the medicament of

confirmed scrofula. It corresponds to pustules with crusts; to ulcers, especially when these affections seize the head and the extremities: it is the medicament of scrofula suppurated and ulcerated. Puriform coryza, otorrhœa with or without caries, leucorrhœa, chronic diarrhœa, cold abscesses, prolonged suppurations with caries of bone, suppurating white swellings; phthisis with large cavities and purulent expectoration indicate the employment of *silecea*. Suppuration is the characteristic of this medicament.

*Iodium and bromium.*—*Iodium* has been extolled in all the schools in the treatment of scrofula, and *bromium*, already indicated by Harthmann, is certainly preferable to *iodium*.

*Iodium.*—Swelling and induration of glands indicate *iodium*, just as their suppuration demand *silecea*. Emaciation with bulimia, bone pains, osteitis and periostitis, especially indicate the employment of *iodium* in the treatment of scrofula.

*Sea-air, sea-baths, mother-waters of salt-works, cod liver oil.*—We range these four agents in the same paragraph because they have an analogous composition, and because they seem to act on account of the iodine, bromine, chlorine, and sodium which they contain.

*Cod liver oil* is certainly the least efficacious of these therapeutic agents; it is always disagreeable to take, and badly borne by the stomach and the intestines. This is the reason why we do not use it.

*Sea-air* constitutes the best treatment of scrofula, if it is continued for a sufficiently long time. For the cure of osseous affections it is necessary that the stay at the sea-coast should be for a year, a year and half, and even two years; but the success, especially in the second infancy, is, as it were, assured.

*Cold sea-baths*, when they can be borne for ten to twenty minutes, constitute a powerful auxiliary to sea-air. It is evident that one ought not to have 365 baths in a year; but it will be well, after a series of 40 baths, to suspend them for a month. Besides, a state of super-excitation, insomnia, and loss of appetite indicate a saturation, which it is necessary to respect well.

*Hot baths of sea-water*, with the addition of the mother-waters of salt works, are much more energetic than cold baths. This method unquestionably constitutes the most efficacious treatment

of scrofula to whatever degree it may have attained, and I have seen, with Croisic (Loire-Inférieure), cure of the most grave osseous affections.

The use of baths of mother-waters ought not to be exaggerated. Five litres at the commencement, then ten, then fifteen, then twenty will usually suffice. Some patients will nevertheless bear forty and even fifty litres of mother-waters. The duration of the baths should vary, according to individual susceptibility, from half an hour to an hour. But it is necessary to endeavour to have baths for one hour.

The remark I have made in respect to cold baths, holds good for baths of mother-waters; it is necessary to suspend them when signs of saturation appear.

We repeat, in conclusion, that in order to obtain from the sea all that it can give, it is necessary to prolong the stay of the patients for months and even years. This therapeutic truth is the result of the clinical experience of Berk, and has been luminously put in the inaugural thesis of our young and sympathetic confrère Dr. James Love.

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### Acknowledgment.

নর-শারীর-বিধান । জীআশুতোষ মিত্র প্রণীত । কলিকাতা । ১৮৮২ ॥

(*Human Physiology*, to which is appended a Chapter on the Preservation of Health. By Ashutosh Mitra. Calcutta 1882.)

The Taluqdari Settlement in Oudh. By Rajkumar Sarbadhikari, B. L., Law Lecturer, Canning College, Lucknow. Thacker, Spink & Co. Calcutta, 1882.

হোমিওপ্যাথিক ঔষজ্যাবলী । কলিকাতা ১২৮৭ ।

*The Hahnemannian Monthly*, Nov. 1882.

EDITOR'S NOTES.

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EXHIBITION OF MICROBES AT THE EPIDEMIOLOGICAL  
SOCIETY OF LONDON.

At the opening of the thirty-second session of the Epidemiological Society specimens of the following microbes were exhibited : 1. *Bilharzia hæmatoba* by Dr. Cobbold. The specimens were obtained from the urine of a patient who had contracted hæmataria in Egypt. The ciliated embryos were seen vigorously moving about within the firm outer shells of the ova, from which they escaped after their rupture. 2. *Bacillus tuberculosis* (human and bovine), bacilli of anthrax and septicæmia, bacilli met with in the Welbeck and Nottingham cases of lam-poisoning ; 3. Micrococci present in the lymphatics in ovine variola, and in the blood and liver of patients suffering from infantile diarrhœa ;—exhibited by Dr. Klein. 4. Embryo of *filaria sanguinis hominis* from the blood of a patient with chyluria, and from the Chinese mosquito, by Dr. Stephen Mackenzie. 5. *Trichnia Spiralis* in the muscles of a wild boar. 6. Embryos of *Dracunculus*. 7. Micrococci of diphtheria, septicæmia, pyæmia, ulcerative endocarditis. 8. *Trichophyton tonsurans* (fungus of ring-worm).

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## HOLLOW VERSUS SOLID STETHOSCOPES.

Dr. Lewinski has made a series of comparative experiments on hollow and solid stethoscopes, so made as to be in other respects exactly similar. He found that the hollow instrument gave quite a different sound to that heard at the same spot with the solid one. Comparing both sounds with that heard when the spot was auscultated immediately, that heard with the hollow stethoscope was manifestly more musical (as might be expected from the resonance of the hollow space): thus the vesicular murmur took on something of a bronchial character or became distinctly bronchial: while toneless râles became more ringing and clear. Obscure finely-vesicular râles, not to be made out at all with the naked ear, became in this way clearly perceptible. In the same way bronchial breathing and musical râles became fuller toned and approximated to the cavernous character. With larger instruments (such as are used by somewhat deaf persons) amphoric breathing could be heard over perfectly normal lung. On the other hand, the sounds heard with the solid stethoscope have less tone, and are more obscure and indefinite: this is referable to the loss of sound

from repeated reflexion at the boundaries of the several media—chest wall, air, wood, and air again. As concerns the auscultation of the heart and vessels, no difference of practical amount was perceptible : slight differences in quality alone were observed. In conclusion, Dr. Lewinski places immediate auscultation highest, then that with the hollow stethoscope, provided its air-space is not too large. He strongly recommends the student to accustom himself to the use of one and the same instrument, as the sources of error are thus gradually appreciated and allowed for. *Practitioner from Berl. klin. Woch.*

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#### TOO EARLY LACTATION, AND LACTATION (?) BY THE PAROTID GLAND.

The following really very interesting case, or rather cases, of too early lactation, and lactation (?) by the Parotid gland, have been reported by Dr. H. E. Russeque in the *New England Medical Gazette* for the current month :

Mrs. P——was at about the fifth month of gestation when I was consulted for enlargement of the breasts with an excessive flow of milk, so excessive that it kept her constantly wet and her clothing saturated. This was controlled in due time through medication, but was immediately followed by what appeared to be parotitis, which, however, did not have the usual run of that affection, the glands continuing swollen until after her confinement.

I was informed that this was an idiosyncrasy of the family, which led me to make inquiry into the family history, with the following results : A sister of the patient, who was with her as nurse, had given birth to five children, and with each, lactation took place at about the fourth month and was soon followed by a sympathetic enlargement of the parotids with what she claims was a secretion of milk ; for, as she says, she could at any time suck milk into the mouth. This continued until delivery, when she had the usual milk fever, with an increased flow of milk, so that she was able to nurse two children (only one being her own), and was also obliged to use a breast-pump to keep at all comfortable. While nursing a child, the milk would flow from the parotids into the mouth spontaneously ; and at any time she could obtain two or three good-sized swallows of pure sweet milk. (No microscopical examination of it was made to substantiate that it was certainly milk.) The patient had another sister, who had had one child, and whose experience had been the same. There were only three sisters in the family.

An aunt on the mother's side had given birth to eight or ten children, with the same phenomenon each time ; nothing was known in regard to the history of her children in this respect.

No other member of the family was known to have been affected in this way.

The patient's mother is still living, at the age of sixty-five, but suffers from cancer of the stomach and an affection of the liver. Her father had hypertrophy of the liver and died of intermittent fever. Cancer is hereditary on both sides of the family, and all of the family are of a markedly bilious temperament.

But to return to my patient. She went to term, and had a long hard labor. Ether was administered, and, owing to difficulty in delivery on account of pelvic deformity, a consultation was had, and later a third physician was sent for, but was unable to come, so we conducted the labor to delivery. The child was a very large one, but the lives of both mother and child were saved. The mother, however, was badly ruptured. She was operated upon immediately, but, owing to the contused condition of the soft parts, it was feared that the wound would not heal by first intention ; therefore, under the circumstances, it was thought best not to have the baby put to the breast, and so I had no opportunity to see what would result from the parotid enlargement. I carried her through the milk fever without trouble, and was able to dispose of the large supply of milk without mishap, by internal medication. The enlargement of the parotids gradually disappeared as the milk in the breasts disappeared.

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## CLINICAL RECORD.

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### *A Case of Congestive Apoplexy.*

By T.K.D., L.M.S. (Bombay).

Moosakhan Junglikhan, mussulman by caste and mason by occupation, was brought to me on the morning of the 8th June 1882, when I observed the following symptoms : Head hot, pupils normal, conjunctivæ slightly injected, slight facial palsy of the right side, complete aphasia, is insensible to external things when spoken to, he mutters unintelligible and incoherent words, tongue coated and seems to deflect slightly to the left side, surface of the body of natural temperature, skin soft and supple. Temp. 98.8, pulse 72 regular but hard ; his friends stated that he has not passed any motion since



yesterday morning nor voided any urine; both the extremities are sound. He is unable to sit. Breathing undisturbed. *History*: his friends stated that he was seen day before yesterday after return from work at about 12 noon. After this time he was not seen by any of his companions till yesterday morning at about 6 A. M. when he was found lying naked and insensible in his hut, his friends tried to cover him but he threw the coverings off. They watched him since yesterday morning and gave him little shurbut every now and then. Besides this nothing was given to him, and early this morning he was brought to me. I prescribed *Opium* 3 every hour. I saw the patient again at 1 P. M. but did not find any alteration in the symptoms, so I prescribed *Belladonna* 12, few drops in a tumblerful of water, one spoonful every hour. I saw him at 6 P. M. when the temperature was 100, pulse 70 hard but regular, had no motion, no urine, slight twitching of the upper extremity. I passed a catheter and drew about 12 oz. of high-colored urine. At 8 P. M. he passed one hard fæculent stool. *Belladonna* was steadily continued every 2 hours. On the morning of the 9th temp. 99, pulse 76 hard but regular. Tongue coated white, moist and red at the edges, patient is sensible, when asked says he is better, slept at night, no twitching, no headache, and can easily sit up in bed; at 5 P. M. passed urine freely and was perfectly rational, and told me that previous to this attack he suffered from fever and headache for about 6 days from this date; the progress of the case became favorable, and he was discharged cured on the 15th June 1882.

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*A Case of Chorea cured by Cina.*

BY BABU BRAJENDRA NATH BANERJEA, L. M. S.

*Medical Practitioner, Allahabad.*

Pootee, aged eleven, thin and tall, had been suffering from fever for a long time when she was at Calcutta. The fever was an obstinate one; it had baffled the attending physician's skill. Large doses of quinine and other antiperiodic medicines were given to no purpose. She suffered from fever continually for two months. At the beginning of the 3rd month choreaic symptoms began to show themselves. The female members of her family rightly attributed the symptoms to the heating effect of quinine. The girl began to lose control over her emotions. She would sometimes laugh, at other times cry, on the slightest exciting cause. The case at this time was diagnosed as hysteria. Soon after this slight clonic spasms of the facial

muscles were noticed, gradually these clonic spasms extended to the voluntary muscles of the limbs. Her arms (mostly the left one) would start all at once. She became unable to stand without the aid of any one. The legs (mostly the left one) would start up at once from the ground. In fact, she lost all control over the left leg and arm. There was a good deal of twitchings and crampy sensations of the left arm and leg. She would also sometimes complain of lacerating pains in the affected limbs as well as in the head. In attempting to walk without any one's aid she would fall down not to the front but to the right side. At times the arm (left) appeared paralysed. Pupils were dilated, while at Calcutta she vomited a round worm, for which *Santonine* was given her several times without expelling any more worm. There was a good deal of sleeplessness. Large doses of *Bromide of potassium* and chloral were given nightly to produce sleep. Latterly an European physician was consulted. He diagnosed the case to be chorea and advised Bromides, Fowler's solution, plenty of good food and air. He also assured her guardians that it would take six months or perhaps more to cure the child. The girl came under my treatment on the 1st week of August 1882. Taking all her symptoms into consideration and guided by the expulsion of a worm I prescribed *Cina* 30 thrice daily. *Cina* produced good effect in a couple of days, and was therefore continued for a few days more with an occasional dose of *Belladonna* 30 in the night to combat sleeplessness. In a fortnight the girl completely got rid of the whole train of symptoms. She can now not only walk but run about with her playmates.

In the latest and perhaps the best work on chorea by Dr. Octavius Sturges, we find under the head of treatment—tonics and good food only. He also gives his prognosis guardedly. In his opinion six months' time is not too much for a case of chorea to cure. Now in this troublesome and intractable disease there is no so-called specific medicine to combat with according to the orthodox system of medicine, but we can many a time cure such cases with homœopathic medicines in a very short time when properly selected.

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*A Case of Hæmorrhage from the bowels of a Cow, cured by Carbo V.*

By DR. M. L. SIRCAR.

On the morning of the 21st Oct. 1882, Babu Pran Gopal Goswami came to me in anxiety about his newly purchased cow, aged about 4 years. Since last night (from after 10) she has been passing numerous stools consisting of profuse bloody fluid, with black-

ish clots. The size of the clots varied in length from 1 to 5 in. and in thickness from  $\frac{1}{2}$  to 1 in. I prescribed *Carbo v.* 12.

22nd Oct. Had two doses of medicine yesterday. After the 1st dose the number of stools became less, after the 2nd the blood nearly disappeared.

23rd. No more blood. Stools have become fæculent. Has begun to take to her food.

24th. Has taken altogether 6 doses of medicine. The animal is almost all right. No more medicine.

#### *Remarks.*

As this case offers a very striking instance of the efficacy of homœopathic medicines in the lower animals, we have not hesitated to put it on record and give it a place in the pages of our Journal.

#### *A Case of Chronic Diarrhœa cured by Podophyllum.*

By J. C. BURNETT, M.D., LONDON.

I always like to come across bad cases of chronic diarrhœa in practice, because they afford such irrefragable proof of the homœopathic law.

In the month of June 1882, a middle-aged gentleman came to me complaining of chronic diarrhœa. It had lasted about a year, and, of course, the patient had a very poor appearance. There is not usually much left of a man who has had from two to six stools a day for a twelve month.

There were sound Hahnemannian reasons for giving *Thuja*. It did patient's constitution good, but the diarrhœa continued. Then *Jalap* followed with but very slight benefit. So on August 11th I studied the case a little more, and saw clearly that the diarrhœa was *hepatic*, the stools were very *bilious* and *liquid*, they squirted out of the rectum, it was worse in cold weather, though bad all the year round. And the complaint began with pains and discomfort in the right hypochondrium.

The prescription was *Tc. Podo.* 6, 5 drops in water twice a day.

On October 2nd the report is, "No diarrhœa these six weeks, and he feels much stronger." And he had gained four pounds in weight since August 11th.

Should any allopathic brother doubt the fact that *Podophyllum* CAUSES diarrhœa, he can either take a few good doses himself, or read the fact in any work on *Materia Medica*. We see it CURES diarrhœa and that a diarrhœa closely simulating the medicinal podophyllum diarrhœa; ergo like cures like.—*Homœopathic World*, Nov. 1882.

**THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.**

**37. BOLETUS LARICIS.**

(*Polyporus Officinalis.*)

**Constipation :**

1. Dark, lumpy, dry stools.
2. Black, lumpy, dry sts., mixed with bile and mucus.

**Diarrhœa :**

1. Papescient sts., with pain.
2. Papescient sts., with high fever.
3. Yellow, papescient sts., mixed with something that looks like oil, in drops the size of a cent down to small drops. (frothy ?)
4. Soft papescient sts., followed by dull, heavy, aching pains in the liver and umbilicus.
5. Thin, very dark-colored papescient stools.
6. Sts., of natural consistence, of a dark color, and mixed with bile and mucus.
7. Sts., that run from the bowels a stream of bile, mucus and black fecal matter, preceded by great burning distress in epigastrium, right lobe of liver, and umbilicus, and followed by the same symptoms.
8. Stools of undigested food.

**Dysentery :**

1. Stools of pure mucus.
2. Bloody stools, with high fever.

**Before St :**

1. Burning distress in epigastrium, right lobe of liver and umbilicus.
2. Constant rumbling in abd.
3. Sharp cutting pains in umbilicus and hypogastric regions.

**During St :**

Pain (tenesmus).

**After St :**

1. Great disposition to strain (tenesmus).
2. Burning distress in epigastrium, right lobe of liver, and umbilicus.
3. Great faintness.

**General Symptoms :**

1. Gloomy and despondent. Irritable.
2. Dull, frontal headache, aggravated by movement.
3. Teeth and gums very sore. Thick, yellow coating on the tongue which takes on the imprint of the teeth.
4. Taste bitter, coppery, or flat.
5. Constant nausea, with distress and faintness at the epigastrium. Loss of appetite.
6. Severe, sharp, cutting pains in the stomach, with dull, aching distress in the umbilicus, and rumbling of the bowels.

7. Heavy, dragging pains in the liver, more in the right lobe. Burning distress in the region of the gall-bladder.
8. Urine high-colored and scanty.
9. Great restlessness after midnight.
10. High fever. Face hot and flushed; with severe frontal headache, skin hot and dry, especially the palms of the hands. Chilliness along the spine, with frequent hot flushes of fever.

**Remarks:** *Boletus* appears to have an action on the liver analogous to that of *Leptandra*, and is likely to be useful in diarrhœa and dysentery dependent upon disordered hepatic function. Dr. Hale extols its use in "malarial, epidemic diarrhœa and dysentery." "It has been found," says he, "useful in such cases, by Dr. Holcombe, Wood and others. Even in chronic cases it has been used advantageously. You will find that diarrhœa and dysentery of an intractable character often attend epidemics of ague. Sometimes the ague-paroxysm—i. e., the chill, fever, and sweat—are replaced by intermittent and remittent attacks of diarrhœa or dysentery. In such cases, no remedy will prove of any service unless it corresponds to the antimalarial genius of the malady, and possesses antiperiodic powers. Often have I had the most brilliant success with China, Quinine, Arsenicum, and Gelsiminum when the ordinary remedies failed. They were only indicated by the *periodical* appearance of the symptoms, not the special ones—the stools, pain, &c. The periodicity of the disease is often masked, and will require your closest scrutiny to discern it. When you do, treat it as you would any ague. In this form of the disease the *Polyporus* has made many excellent cures."

### 38. BORAX.

#### **Constipation :**

1. Constipation, with feces like sheep dung.
2. Hard st., with straining.
3. Primary action is diarrhœa, followed by no st. for several days, afterwards a hard st. daily.

#### **Diarrhœa :**

1. Frequent desire for st., with rumbling in the abd., followed by diarrhœa-like discharges.
2. Frequent desire for st., with pinching in the bowels, and easy, pasty evacuations.
3. Desire for st. in the morning; at first hard, then diarrhœa-like discharge, with burning in the anus.
4. Very soft st. in the morning; in the evening the usual evacuation.
5. Frequent, very easy st. every day.
6. Diarrhœa-like st., in the afternoon, with much wind, following a hard st. in the morning.
7. The child has three stools a day, the last like yellow water.

8. St. every hour, soft, slimy, without other symptoms.
9. D. after breakfast. D. immediately after eating, with weakness in the joints and legs relieved by walking.
10. Green st. in the infant preceded by crying.
11. D. from morning till 2 p. m. D. sudden towards noon, with rumbling.

**Dysentery :**

1. Pale mucus passes four times, with the stool once involuntarily.
2. Soft, light yellow, mucous st., with weakness and exhaustion.
3. Tenacious, glutinous, yellowish mucus with the st.
4. Red, liquid mucus with the st., as if it was colored with blood.
5. Passage of blood and mucus from the anus.

**Aggravation :**

1. Afternoon. Morning till 2 p. m. Noon.
2. After eating.

**Before St :**

1. Crying in infants. Fretful, ill-humored, indolent, discontented.
2. Urging.
3. Rumbling in abd.

**During St :**

1. Burning in anus.
2. Rumbling in abd.

**After St :**

1. Weakness in joints and legs, relieved by walking.
2. Lively, contented, cheerful.

**Rectum and Anus :**

1. A swollen vein in the anus, as large as a pencil, and painless.
2. Stitches in the rectum in the evening.
3. Boring-sticking pain in the anus and small of the back.
4. Itching in the anus in the evening.
5. Passage of round worms.

**General Symptoms :**

1. Very anxious on riding down hill, contrary to his custom ; he feels as though it would take away his breath.
2. The child becomes anxious when dancing, or being rocked, especially during downward motion.
3. Fright ; starts up at a distant shock, on hearing an anxious cry, at hawking and sneezing.
4. Does not keep at one business ; changes from one business to another, from one room to another.
5. Aching in the whole head, with nausea, inclination to vomit, and trembling in the whole body.
6. As in *Plica Polonica*, child's hairs become entangled at the tips and stick together.
7. The face of the infant looks pale, suffering, earthy.

2. Aphthæ in the mouth, and inner side of the cheeks, which bleed when eating.
9. The palate of the infant was wrinkled, and it cried frequently when nursing. The mucous membrane of the fore part of the palate shrivelled as if burnt, painful especially when chewing.
10. The mouth of the infant was very hot.
11. Copious cold saliva.
12. Taste flat and insipid ; or bitter.
13. Loss of appetite. Thirst, he must drink a good deal. Longing for sour drinks.
14. Severe hiccough ; hiccough after eating.
15. Nausea during eating, disappears after dinner. Nausea immediately after walking, with great inclination to vomit, which however does not follow until he drinks water, when he vomits a large quantity of mucus and some bitter substance with great exertion.
16. Nausea followed by vomiting of mucus, with heat and rapid, feverish pulse.
17. Nausea at the thought of eating.
18. Vomiting of sour mucus after breakfast of cocoa.
19. Great distension, discomfort, sick feeling, and ill-humor, after every meal.
20. Much discharge of flatus.
21. The infant urinates nearly every ten or twenty minutes, and frequently cries and screams before the urine passes.
22. Hot urine in the infant ; pungent peculiar smell of the urine.
23. Leucorrhœa like white of an egg.
24. The infant frequently cries out of its sleep, and anxiously grasps its mother, as if it had been frightened by a dream.
25. Can sleep only on the left side ; as soon as he turns upon the right side he is awakened by drawing sticking pains in the right intercostal muscles.
26. The infant becomes pale, nearly earth-colored ; the previously firm flesh becomes soft and flabby ; he cries a great deal, refuses the breast and frequently screams out anxiously in his sleep.

**Remarks :** We have found **Borax** useful in constipation when forming an accompaniment of fever which comes on chiefly after midnight. It is likely to be useful in diarrhœa and dysentery when aphthæ are present. In the diarrhœa of females suffering from leucorrhœa, or who have had too much child-bearing, **Borax** should not be forgotten. A peculiar sensitiveness to, and dread of, downward motion, has been looked upon, especially by Dr. Guernsey, as a keynote to the exhibition of the drug. The symptom "Can sleep only on the left side," &c., whenever it occurs in a patient suffering from diarrhœa or dysentery may afford a good indication.

### 39. BOVISTA.

#### • Constipation :

1. St. every 2nd or 3rd day, and rather hard.
2. The evacuation follows with difficulty and great exertion.
3. Irregular st. ; it occurs at an usual time of the day and is too hard.

#### Diarrhœa :

1. St. soft in the morning, hard in the evening.
2. St. normal in the morning, liquid in the afternoon.
3. Stool, three or four times a day ; he was obliged to make great exertion when the st., at first hard, then soft, passed.
4. D., six times during the day, with cutting pains in the abd.
5. D., with colic in the evening.
6. D., with tearing in the abd., and tenesmus in the rectum, at night.
7. Quite watery D., four times in succession, with tenesmus and burning in the anus.
8. Frequent fecal D. in the morning.
9. Profuse D., morning and evening.
10. D., frequently before and during menstruation.

#### Aggravation :

1. Morning ; afternoon ; evening ; night.
2. Before and during menses.

#### Before St :

1. Urging. Colic.

#### During St :

1. Great exertion.
2. Cutting and tearing pains in abd. ; colic.
3. Tenesmus in rectum.
4. Burning in anus.

#### After St :

1. Very violent pain, deep in the rectum, extending forward (after D.).
2. Long continued burning in anus.
3. Prostration.
4. Feeling as though D. would come (after an ordinary evacuation).

#### General Symptoms :

1. Great sensitiveness ; easily offended.
2. Face pale in the morning. Changes of color in the face, at one time red, at another pale.
3. Teeth, gums and lips filled with clotted blood, in the morning
4. Yellow-coated tongue.
5. Offensive smell from the mouth.
6. Burning and heat in the mouth, without thirst.
7. Much collection of saliva in the mouth.
8. Stammering.
9. Taste bitter ; of blood.



10. Constant excessive hunger; he was unable to eat enough, and was soon hungry again. No appetite, she was obliged to force herself to eat.
11. Thirst the whole day.
12. Eructations and hiccough.
13. Nausea in the morning, ceasing after breakfast. Nausea, with palpitation, with chilliness and sticking-tearing toothache.
14. Frightful colic in umbilical region after eating, as if knives were cutting the abd.
15. Distension of the abd. with rumbling.
16. Frequent passage of loud flatus, followed by distension of abd. and colic.
17. Frightful colic, so that he was obliged to bend quite double.
18. Urine clear-yellow, with a slowly forming cloud; yellowish green, afterwards turbid; turbid like gruel, with violet sediment; high-colored.
19. Urine frequently intermits during micturition.
20. Burning in the urethra, both when urinating and not urinating.
21. Very thick, tenacious, mucous leucorrhœa, like white of an egg.
22. Menses too early (or too late), profuse, chiefly in the morning, scanty during the day and night.
23. Great sleepiness during and after dinner.

**Remarks :** **Bovista** has characteristic symptoms, and may be useful in both constipation and diarrhœa. Whenever the diarrhœa occurs before and during menses, and the menstrual symptoms correspond, **Bovista** will do good.

*(To be continued.)*

## Gleanings from Contemporary Literature.

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### THE INFLUENCE OF THE SYMPATHETIC ON DISEASE.

*Delivered before the Royal College of Physicians of London,*

*August 18th 1882.*

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Does the study of hemicrania show definite abnormality of the sympathetic? The peculiarity of pain referred to only one side of the head is associated with very opposite vascular conditions.

1. In tonic or spastic hemicrania, the prevailing phenomenon is tetanus of the muscular coat of the arteries on the affected side of the head, in the region supplied from the cervical portion of the sympathetic nerve. That this is the condition of the vessels is shown by the hard cord-like temporal artery, the pale and sunken face, the small eye, the diminished temperature. The pupil is dilated during the height of the attack from increase in the tonic excitation of the dilator fibres, which arise from the cilio-spinal centre, and follow the course of the cervical sympathetic. The extreme action of these fibres overcomes abnormally the contracting power on the iris, of the oculo-motor nerve. The subsequent contraction depends on a secondary diminution in innervation, akin to fatigue, corresponding to the condition of the vaso-motor fibres. Thus too, towards the end of the attack, the ear becomes red and warm, and the conjunctiva, from relaxation of its vessels following the tonic spasm, becomes injected. Increase of saliva, with a certain tenacity of this secretion, is met with in this form. Eulenberg and Guttmann consider that the pain is caused by tonic spasm of the unstriated muscles of the vessels (as in cramp and colic); that is, from pressure on nerves of sensation disturbed within the muscular tissue. But it is not quite certain which branches of the fifth nerve are affected by the pain. Some localise the pain in the frontal branches, but it is more probable that the branches implicated are those which supply the dura mater, coming from all three divisions of the fifth nerve.

2. The other form, hemicrania neuro or angio-paralytica, is characterised by relaxation of vessels, arterial hyperæmia, and increase of temperature on the affected side. The state of this side of the head and face is not unlike that of an animal, in which the cervical sympathetic has been cut. But the explanation of the pain in this variety is not straightforward. It is said to be due to irritation or compression of the nerve-elements by the temporary increase of the blood-pressure, and the greater quantity of blood in the small arteries and veins. But pain is not usually felt from congestion, at least pain of the acute intensity of hemicrania. And although in the latter stages of the spastic form, when the vascular spasm gives place to dilatation, the paretic congestiveness does not perhaps equal the marked hyperæmia of hemicrania angio-paralytica, yet it is remarkable that in these latter stages of the spastic form the pain diminishes *pari passu* with the spasm, whilst, in fact, the vessels are getting more or less into the same condition that is said to cause the pain in the paralytic form. The symptoms, however, of each form of this affection, especially the oculo-pupillary phenomena, point to the cervical sympathetic, or to the corresponding half of the cilio-spinal region of the cord as the part specially implicated. And the success of caffeine, quinine, guarana, and ergot in the paralytic variety,

and of nitrite of amyl, carbonic acid inhalation, hot drinks, etc., in the spastic, points to the same conclusion.

The frequent occurrence of nausea, vomiting, muscæ, tinnitus, and foul taste, are all points directly or indirectly associated with the sympathetic; and not only is tenderness met with on pressure over the last cervical and fourth dorsal vertebra, but deep pressure over the cervical ganglia excites pain. Dr. Latham's dictum is good for the spastic form, that the disease is characterised by a morbid activity of the sympathetic nerve, in consequence of a defective control or inhibition by an exhausted or enfeebled cerebro-spinal system. In *hemierania alternans*, where the patient is affected sometimes by one form, sometimes by the other, the law of parietic fatigue following inordinate action may afford the explanation of the paralytic form. In other cases, this paralytic form must owe its causation to depressing influences affecting the whole system, and especially the nervous centres, such influences being particularly those of mental strain, or of venereal excess.

Proceeding in the region of the cervical sympathetic, exophthalmic goitre comes next in order. Certain coarse lesions have been found in the cervical sympathetic with this group of symptoms. Eulenberg and Guttmann have collected nine such cases. The inferior ganglion is most frequently affected. In Dr. Warner's case, there were lesions of the sympathetic on one side of the head. The right side of the face was flushed up to the middle line, the right pupil dilated, the right iris much darker in colour of late years than the left. The thyroid normal. In a case quoted by Woods, the lower cervical ganglia, especially the right, were thicker and redder than normal. There was increase of connective tissue, growth of nuclei, and of spindle-shaped cells; ganglion-cells were few. In Dr. Shingleton Smith's case, there was marked shrinking of the cells of the inferior cervical ganglia. In one case, mentioned at the Congress by Gueneau de Mussy, there was decided pigmentation of the face, due to defect of innervation caused by the enlargement of thoracic glands about the bronchi and trachea, in the immediate vicinity of the vagus, giving rise to irritation of the vagus.

Seeligmüller mentions a smith in whom, eight days after a severe blow above the clavicle, dilatation of the pupil and of the palpebral chink, exophthalmos, pallor, diminution of temperature, and flattening of the left cheek occurred, depending on clonic narrowing of the arteries. Other observers have noticed induration and hypertrophy of connective tissue, chiefly of the lower cervical ganglia, with pigmentation of cells. Perhaps the most consistent view has been expressed by Professor Möbius, when he says that exophthalmic goitre is not an independent disease, but is a group of symptoms, partly depending on local lesions of the medulla oblongata, or the cervical cord, or the sympathetic, but partly occurring more or less in the course of severe neuroses, such as hysteria and the various psychoses. But, whilst some of the phenomena point to lesion, direct or reflex, of the sympathetic, it is not possible to credit this system of nerves with the causation of all the symptoms.

The exophthalmos itself could only be associated with the sympathetic by means of a persistent tetanic contraction in the unstriated ocular muscles, and for this there is little physiological analogy. This protrusion of the eyeballs seems to depend on deposit of fat behind the eyeball, and on venous hyperæmia, even if some spasm of the unstriated orbital muscles co-operate in its production.

One symptom connected with the eye, first noticed by von Gräfe, is due to disturbed innervation of Müller's unstriated orbital muscles; an immobility of the upper lid, which no longer follows the movements of the eyeball, as in health. This interference with the consensus of the movements of the lid with that of the globe, especially when the latter is directed down-

wards, may precede the exophthalmos, and is not seen in protrusion of the eyeball from mechanical causes.

The two chief sympathetic symptoms, then, are goitre and the accelerated action of the heart; and both these phenomena are connected with paresis of the sympathetic rather than with irritation. The goitre seems wholly caused by enlargement and dilatation of vessels in the thyroid. The arteries are tortuous and pulsating, and the veins engorged. The temperature of the part is somewhat higher than of other parts of the body. It is true that division of the cervical sympathetic is not followed by this swelling of the gland, but in exophthalmic goitre we have not only conditions answering to division of the sympathetic in the neck, but extreme acceleration of the heart's action as well.

The palpitation is more difficult of explanation. If it be due to irritation of the sympathetic, the irritation must be persistent, which is contrary to physiological experience. If due to paralysis, the usual effect would be syncope; because, the influence of the cardiac nerves being cut off, the inhibitory action of the vagus would suffice to antagonise the automatic energy of the cardiac ganglia. Eulenberg and Guttmann seek to explain it by allowing a paralysis of the cervical sympathetic, the first effect of which will be a vaso-motor dilatation of the cardiac vessels (the coronary arteries); and this dilatation, by permitting a greater flow of blood to the muscular tissue of the heart, stimulates the cardiac ganglia to abnormal activity. It seems strange, however, that a similar result does not always ensue, when the action of the cardiac nerves is cut off. What need, indeed, is there, under this theory, that syncope should ever take place? Dr. Handfield Jones, however, believes that the palpitation in exophthalmic goitre is due to paralysis of the vagus. The implication of the sympathetic is shown by the perspiration and diarrhoea so common in exophthalmic goitre, as well as in the occurrence of pigmentary disturbances, instances of which have been already given. Troussseau has seen vitiligo in connection with it, and Leube scleroderma.

The drawing now shown, by the kind permission of Dr. Burney Yeo, is that of a case in which, with profuse perspiration, and constantly recurring diarrhoea, the exophthalmos implicated the left eye only, whilst the right side of the thyroid was enlarged. This crossing of the symptoms seems to Dr. Yeo to prove the central origin of the lesion. But there is nothing improbable in a lesion of the inferior cervical ganglion of one side co-existing with lesion of the superior cervical ganglion of the other; nor, indeed, in an affection of the cilio-spinal centre on one side coinciding with that of the spinal vaso-motor centre on the other.

Nor is the subject of progressive hemiatrophia facialis less wanting in elements of controversy. Pierson speaks of the sympathetic being affected, as evidenced by the prominence of the eyeball, and dilatation of the palpebral fissure, diminution of temperature in the auditory meatus of the affected side, and atrophy of the affected ear. Most authors mention some change of colour in the skin, pale or brown patches on the face or on the neck, sometimes preceded by an eruption of an cedematous or herpetic character.

Neither paralysis nor irritation of vaso-motor nerves experimentally gives rise to simple progressive atrophy of all or most of the tissues. Romberg considers the disease a tropho-neurosis. Baerwinkel places its seat in the ganglia of the trigeminus. Stirling thinks it is due to disturbed function of vaso-motor nerves included in the trigeminus, and destined for the vessels of the head. Eulenberg and Guttmann speak of slight atrophy of one side of the face, as observed in some cases of injury of the sympathetic in the neck; and they quote Brunner's case, in which more or less of the phenomenon of progressive facial hemiatrophia seemed to depend

on persistent irritation of the cervical sympathetic. Dreschfeld agrees with Romberg. In his case the vessels were not affected; but this is not always found. Sometimes there are distinct changes in the vascular tone, not necessarily with the atrophy; the power to blush may be lost, and may be restored without any other improvement. Dr. Dreschfeld considers that in his case the atrophy was not due to any affection of the facial sympathetic, or of the motor or sensory portions of the fifth nerve, but that it is a tropho-neurosis, following the course of the fifth nerve.

Another theory, that of Laude, denies the disease to be a neurosis at all, but a primary atrophy of the fatty tissues, the elastic tissue remaining unaffected, its retraction causing the falling in of the other soft parts and the contraction of the capillaries, the latter leading to further disturbance of nutrition. Virchow says the exact seat of the disturbance lies within the domain of the peripheral nerves; that is, a primary inflammatory lesion of the throat and face escapes on to the nerves, and so to the ganglia.

That the symptoms are due to a neurosis is demonstrated by their association with headache, with paralysis, with irritation of the cervical sympathetic, or with epilepsy: neuroparalytic ophthalmia, neuralgia, and anaesthesia of the fifth nerve, often accompanying them. It may exist coincidentally with migraine.

The muscles take no share in the atrophy. The subcutaneous fat, the proper tissue-elements of the cutis, and even the epidermoid structure, take no part in the disease. The secretion of the sebaceous follicles is arrested; that of the sweat-glands persists, but is frequently diminished. The bones of the face, and even the nasal cartilages, share in the atrophy, and sometimes the tongue, the vault of the palate, the soft palate, and the uvula. The eye, if affected at all, shows lesions associated with intracranial disturbance of the fifth nerve, which may end in destruction of the organ.

In the very few recorded cases of definite recognisable lesion of the cervical sympathetic in this disease, there has been absence of oculosupillary phenomena. It seems certain, therefore, that all the branches of the nerve are not considerably implicated. Is not the connection between the cervical sympathetic and the phenomena of this disease less absolutely direct? The lesion may be one of the fifth nerve, whether of its sensory and trophic branches, of its trophic and vaso-motor, or sometimes of its vaso-motor, trophic, and sensory, all together. In some instances it may be a direct disease—that is, from blood-changes, from a depressed condition of cerebral centre, from definite lesion of the nerve itself. But, instability in the nerve or its ganglion being present, the phenomena may be set up from without; and here certain conditions affecting the cervical sympathetic may act in a reflex manner. No morbid state of the cervical sympathetic, moreover, could exist without some vaso-motor phenomena, some interference with the vascular tone of the facial vessels; and this would render the tropho-neurosis of the fifth more certain in its course. The position of the sympathetic is important, often almost all important, but in most cases secondary, affording the centripetal irritation in a reflex arc.

The objections to any theory are manifold: not only that the absence of *post mortem* records leaves all theories unproven, but because the atrophic influence of this supposed morbid state of the fifth nerve is not in accordance with experiment.

The heart has been seen to have been affected in many of the diseases that have been considered. It is specially influenced by disease or disorder of the sympathetic. Palpitation, as we have seen in discussing Graves's disease, may be from irritation of the cardiac nerves, the inhibitory action of the *vagus* being unchanged, the palpitation being then intermittent and often associated with dilated pupil; or, the cardiac branches being normal, palpitation would result if the accessory branches of the *vagus* were para-

lysed, in which case the palpitation would be continuous. That either of these conditions may be induced by direct or reflex influence, is only in accordance with ordinary experience.

The action of the heart would go on for a time by means of the cardiac ganglia alone, if the influence both of the cardiac nerve and of the vagus were removed : but absolute palpitation would not ensue, unless the paralysis of the cardiac nerves had caused such dilatation of the coronary arteries as would increase considerably the amount of blood brought for the nutrition of the heart, and so stimulate exceedingly the cardiac ganglia. Palpitation from terror would be by means of paralysis of the cardiac branches of the vagus ; palpitation from indigestion, or from a gouty condition of blood, would be by way of stimulation of the sympathetic cardiac nerves, or of the ganglia from which they proceed. The ganglia in the structure of the heart are the reflex centres through which the excitation of the blood reaches the muscular apparatus. In suspense, the action of the heart is short and sharp ; in fear, almost paralysed ; under excitement, usually intermittent.

The symptoms of angina pectoris are seen under very various pathological conditions. The most pathognomonic symptoms are substernal pain, the feeling of anxiety, the disturbance of the heart's action. The pain has its origin in the cardiac nerve-plexuses, and persists even if the vagus be divided ; proving that the sympathetic cardiac nerves contain sensory fibres. The pain is looked upon as the most important phenomenon, and the group of symptoms stand out as neuralgia of the heart. But it is not always so. One meets with cases with a slow feeble pulse, some faintness, a feeling of anxiety, and a sense of impending dissolution, without pain, or at least without pain for a long time. In such cases, if not cured (and being sometimes reflex, with the heart's structure healthy, they may be cured), the attacks become more frequent and intense, and sooner or later pain will be added. The communication between the cardiac plexus and the anterior division of the four upper cervical and first dorsal nerves, explains the transmission of pain to the regions supplied by the cervical nerves. As the first dorsal nerve seems to form part of the lower end of the brachial plexus, and as there are freer anastomoses of nerves on the left side than on the right, the reason of the sense of pain down the left arm is apparent. This connection of the brachial plexus with other nerves will bear further investigation. I have lately met with a case in which pressure on any part of the left brachial plexus, even grasping the upper part of the left arm, caused violent eructation. The woman was accustomed to grasp her upper arm for this purpose when she felt oppressed with flatulence.

The conditions under which angina pectoris occurs may be said to follow an anatomical distribution. According to circumstances, the automatic ganglia of the heart may be irritated or paralysed ; the inhibitory action of the vagus may be increased by irritation ; the cardiac nerves may be paralysed ; the vaso-motor nervous system may be so influenced as to induce change in the tone of the vessels, and consequent change of blood-pressure, and, as a writer in Ziemssen's *Medicine* says, with, perhaps, some affection of the depressor nerve of Ludwig.

The influence of this depressor nerve is felt in a large number of diseases. On section of this nerve, irritation of the peripheral end has no effect ; but irritation of the central end causes pain, lowers the pressure of blood in the arteries, arrests the respiration, and retards the heat. As to the mechanism of the depression, it is a reflex action exercised on the splanchnic vaso-motor nerves, producing relaxation of the intestinal vessels ; thereby a large way is opened to the passage of blood from the arteries into the veins, and pressure is lowered. It is not the activity of the splanchnic vaso-motor

nerves, but the reflex suspension of their activity, that is obtained by the irritation of the depressor nerve.

The cardiac reflexes are met with frequently. When one excites a sensory nerve, or one of the posterior spinal roots, there is generally observed a passing lowering of pressure. Brusque percussion of the abdomen may arrest the heart's action. Simply touching the peritoneum will do this when it is inflamed by exposure to air. In many cases of peritonitis, the reflex action on the circulation is remarkable. All nervous action which lessens the movement of the heart is transmitted to it by the vagus.

This is scarcely the place to pass in review the various forms of angina, except to say that in most the sympathetic is primarily or secondarily implicated. We all recognise that the pathological anatomy is very variable. Cardiac lesions may be present, sometimes of the cardiac ganglia themselves, hyperemia, interstitial inflammation, hyperplasia of connective tissue, and fatty pigmental degeneration; in some cases, destruction of ganglion-cells, and caseous infiltration of connective tissue. Such lesions are only exceptionally seen in angina. These ganglia are more usually affected by one lesion that deprives them of their proper blood-supply, as narrowing of the coronary arteries from disease. This coronary lesion often exists without angina, and angina without coronary lesion.

Pressure by diseased glands on the *cardiacus magnus*, and on a branch of the vagus, has been seen. Rokitsky saw the right phrenic and the *cardiacus magnus* involved in a dark blue hard knot, which also implicated the descending branch of the left vagus. Langercaux has seen congestion and inflammation of the cardiac plexus, and Seeligmüller hyperplasia of the connective tissue elements in the same plexus.

Section of the great sympathetic dilates the vessels more than is normal; on the other hand, irritation of this nerve contracts the vessels almost to complete effacement of their calibre. It seems certain, therefore, that the physiological state of the vessels is that of mean contraction—in other words, vascular tone, and the preservation of this tone is one of the chief offices of this system of nerves. Of the brain, the cord, the ganglionic plexus on the arterial wall, the sympathetic ganglia, a pathological standpoint enables us to choose the sympathetic ganglia as possessing a primary, if not wholly absolute, influence on vascular tone associated with the vaso-motor centres in the medulla oblongata and spinal cord.

The motor nerves that preside over muscular contraction, and rule the local circulation, are the nerves that issue from these ganglia of the great sympathetics, creep along on the arterial walls, and can be followed into the middle muscular coat of the arteries. The vaso-motor apparatus, therefore, is in a state of permanent activity, never in repose, never inert. The muscular tunic of the vessels is in a state of semi-contraction—in other words, of vascular tone. Variations in this tone will be the necessary sequence of various modifications of the nervous apparatus. This tone is modified, as Dr. Mahomed has said, by alterations in the vessels themselves—atheroma; sclerosis; fatty, calcareous, and amyloid degeneration; senile changes, syphilis, scrofula, alcoholism, etc. There is at least some reason to believe that aneurysm sometimes results from blood-changes that affect the vaso-motor nerves, the consequent loss of tone permitting the formation of aneurysmal dilatations.

It is found by experiment that general loss of tone can only be obtained by complete destruction of the medulla oblongata and spinal cord; but partial lesions of the cord will enfeeble the vascular tone in the parts of the body which are, by their vaso-motor nerves, in relation with the region of the cord situated behind the seat of lesion. This state of tone is a reflex act. For a reflex movement, several factors are necessary; a contractile tissue, centripetal fibres, a centre of reflexion, and centrifugal motor

fibres. In a vessel, the factors of this arc exist : the middle tunic of the vessel ; the centrifugal vaso-motor fibres ; the bulbo-spinal centre ; and, in addition to it, the sympathetic ganglion, that may act, and probably does act, as an independent centre for reflexion ; and, lastly, centripetal sympathetic fibres in the vascular walls, that are irritated or excited by the blood. Sensory nerves may often act as the centripetal fibres in these reflex actions.

All the phenomena of reflex congestion, and of reflex dilatation of the vessels, from any cause, are only instances of enfeeblement or abolition, more or less complete, more or less persistent, of the vascular tone. The only nerve that clearly determines a reflex vaso-dilator action on all the vessels of the body, is the depressor nerve.

The reflex mechanism of vascular tone is seen better in the heart and arteries. Let there be, from any cause, a constriction of most of the small arteries of the body, there is, as a consequence, increase in the arterial tension. The heart strives to overcome this excess of tension, and must employ more energy for this purpose : its contractions become more vigorous, more rapid. This effect is not purely mechanical, but is under nervous influence. Under increased intra-arterial pressure the blood in the ventricle also undergoes, at the moment of systole, and of the opening of the sigmoid valves, an excess of tension. This impresses some excitation at the endocardial extremities of the centripetal nerves of the heart—in this case the vagus. The impression is carried up to the bulb, from which and the cervical cord is reflected a centrifugal irritation, by way of the sympathetic cervical cord and its ganglia, to the intracardiac ganglia ; and so increased energy and increased rapidity of the movements of the heart. The inverse phenomenon—dilatation of vessels—induces inverse conditions ; but the mechanism is nearly the same, except that the centrifugal nerve will be the spinal accessory.

Reversing the order of the phenomena, if the left ventricle from any cause be abnormally full of blood, the spinal impression on the peripheral extremities of the cardiac nerves is carried up by the depressor nerve to the bulb ; and thence, by means of dilator nerves, a general reflex dilatation of vessels takes place, and especially by way of the splanchnic nerves on the vessels of the mesentery ; and the heart is relieved of its pressure.

So, once again, if an abnormally small amount of blood be in the heart, the reflex action originates from the cardiac nerves, and will react on the vaso-constrictors ; the vessels contract, and the blood, receiving an increased *vis a tergo*, flows more abundantly to the heart. Thus, the heart may, up to a certain point, play the part of regulator of the vessels, or at least it exercises a certain influence on their tone ; whilst inversely the vessels, too, rule, up to a certain point, the energy and frequency of the movements of the heart.

Nor is it necessary that the bulbo-spinal centre should always be the centre for these reflex arcs. The sympathetic cardiac ganglia, the ganglia of the cardiac plexuses, the ganglia in the walls themselves, may be the centres for these actions of the heart ; whilst, for the vessels, the centres may be sought in the minute ganglia round the vessels themselves, and even in their walls.

The pressure of the blood within the arteries is the product of several factors : 1. The introduction of waves of blood into the aorta by the ventricular systole ; 2. The resistance the blood meets with in its course through the small vessels ; 3. The reaction of the elastic walls of the arteries on the blood contained in them. This latter factor is the most important one ; and, as the calibre of these vessels depends essentially on the degree of vaso-motor activity, this system plays no small a part on the intra-arterial pressure.



It is scarcely necessary here to point out the manifold examples of the variation of arterial tension. In what disease, indeed, is it absent? In what morbid conditions, therefore, will not the sphygmograph be of importance in an early stage? But it may be permitted to quote Dr. Mahomed's account of the series of pathological events in so-called inflammatory Bright's disease: 1. A poisoned condition of blood by uric acid or other effete material, as in scarlatina, measles, erysipelas, pregnancy, or a severe chill; 2. Arrest of the action of one of the excreting organs; 3. Increase of tension in the arterial system; 4. Transudation of the crystalloids of the blood through the kidney; 5. Albuminuria, followed by dropsy and usual symptoms of Bright's disease; 6. Changes in the kidney and other excretory organs, as in the intestinal tract and skin, produced by acute, and afterwards prolonged, congestion, and high arterial tension, viz., exudation and plugging of tubules or follicles, fatty degeneration and absorption, and, lastly, contraction. Probably it is in the pre-albuminuric stage of Bright's disease that the importance of the sphygmograph is most clearly seen.

There are certain vaso-motor neuroses of the extremities that have lately been described by various observers. In a less degree, we most of us meet with them from time to time, and recognise the condition as one of paresis, if not of paralysis, of the peripheral vaso-motors. It may be associated with heart-disease, as in the case mentioned by Dr. Semmola at the International Medical Congress, of paralytic action of the heart due to bulbar injury, with a feeling of oppression, palpitation, sometimes even murmur; with marbling of hands and forearms (paralysis of peripheral vaso-motors); and showing *post mortem* pigmental degeneration of the bulbar nuclei of the vagus, and of vaso-motor nuclei, and, as a consequence, fatty degeneration of cardiac muscles.

Long ago, Dr. Handfield Jones quoted a case of Graves, of neuralgia of the feet and legs, the disorder not confining itself to the cerebro-spinal nerves, but involving in a high degree the sympathetic nerves also. There were pain, heat, and vascular congestion of the feet and legs, alternating with pallor, cold, and absence of pain.

But the ailment has been fully described in various countries, and with especial accuracy by Dr. Weir Mitchell. He speaks of it as a disorder of the feet and legs generally. There is pain, especially when the foot is hanging down, but also in many cases in any position. It is sometimes associated with lesion of the spinal cord. There is flushing of the feet, both venous and arterial, and tenderness. It is generally relieved by the horizontal position; but occasionally exercise causes the feet to become cold, producing contraction of vessels. Rest seemed to induce flushing in Sir James Paget's case; at any rate, was followed by it. The pain generally precedes the vaso-motor phenomena. Dr. Mitchell thinks the disease is similar to one termed *acrodynia* (pain in the extremities), which was epidemic in France in 1829-30.

Other American physicians describe a similar affection of the fingers. They become so cold as to seem frozen rods. There is tingling and burning on putting them to the fire. The skin is red in patches; sometimes abscesses form at the tips of the fingers. Mitral stenosis has been found associated with it, perhaps as its cause. Dr. McBride speaks of the fingers becoming dead reflexly through the vaso-motor system; and Dr. Allan Hamilton looks on the disease as excessive irritation of the local sympathetic vaso-motor filaments. I need not say that such an opinion is founded on analogy rather than on proved anatomical facts, as the vaso-motors of the ultimate vessels of the extremities are still unknown to us.

In this ailment, there are two chief varieties: one with phenomena of paralysis of blood-vessels, the other with symptoms of contraction, especially of the vessels of the extremities.

In diffuse paralysis of the vaso-motors, there is an intolerable sensation of pulses and heat over the body. The face is red, especially the lips and the nasal mucous membrane. It is sometimes accompanied by profuse sweating, and in some cases the vaso-motor phenomena show themselves exclusively in the extremities.

A partial cramp of vaso-motors, confined to the extremities, or to the fingers, is seen sometimes in angina pectoris. In washerwomen, this cramp is associated with itching and pain. "The finger dies;" there is pallor of fingers or of the whole hand, diminution or loss of sensation to touch, stiffness of the fingers, and local diminution of temperature. It may be cured by faradisation.

More rare is the diffuse cramp of the vaso-motors, extending over all the extremities, especially at puberty. In this latter form, Seeligmüller says, the cyanosis depending on venous stasis in the capillaries and veins is a consequence of deficient *vis à tergo*, and does not result from a primary paralysis of the nerves supplying the small veins.

The contractile form may lead to secondary changes, as scleroderma; and Dr. Hadden's recent paper on the connection between vaso-motor contraction of the peripheral arterioles with myxædema is an important contribution to the same line of thought. It is sometimes accompanied with the phenomena of vascular contraction in the brain and medulla oblongata, such as disturbances of breathing, attacks of syncope, with delirium, etc.

Dr. Stange has recorded a case of vaso-motor disturbance of the leg, with diminution of reaction both to the constant and induced currents, when the rheophores were applied to the muscles. He also thinks it due to over excitation of the vaso-motor centre.

Seeligmüller describes hydrops articolorum intermittens as a chronic affection of the vaso-motor nerves; the swelling is rapid, and equally rapid the going down. There is dilatation of all the vessels which supply the synovial membrane of the joint. The vaso-motor nature of the disease is rendered probable by its occasional coincidence, with exophthalmos and with angina pectoris.

Closely allied to vaso-motor cramp of the peripheral vessels, is symmetrical gangrene of the extremities. There is no lesion of the heart or arteries. It chiefly occurs in females, especially the young. It seems to be caused by cold or by moral emotion. One, two, or three fingers may be affected symmetrically, or all the fingers and toes simultaneously. The pulse may be perceptible at the root of the segment of the gangrenous member. Raynaud thinks the interruption of blood is due to spasm of the small vessels, under the influence of excitation of vaso-motors; and excitation which is generally reflex, either from external cold, or some affection of the genital organs, and is transmitted to the small arteries and veins.

Vulpian thinks the centre of this action is in the cerebro-spinal centre, and that this is shown by the symmetry of the disease; he doubts also whether the arteries are always healthy. But all the phenomena may be produced through the media of vaso-motor ganglia placed in the course of the vaso-motor nerves, and the bulbar centre may have nothing to do with it.

Dr. Bernhardt, of Berlin, has recorded two cases of vaso-motor neurosis of the extremities in the *Archiv für Psychiatrie und Nervenkrankheiten* for last year. His second case is remarkable as being unilateral, but this may be explained from the symptoms probably depending on unilateral accident. Both his cases were treated successfully by faradisation.

Such cases in their full intensity are not common; but, I repeat, lesser degrees of the disorder are not unfrequently met with in persons, especially young women, otherwise tolerably healthy. I have seen two in the last few months.

In considering some of the diseases affecting the abdominal viscera, it is well to remember that the vaso-motor nerves of the liver have their origin in the floor of the fourth ventricle, pass through the cervical and upper dorsal region of the spinal cord and the rami communicantes opposite the fourth and fifth dorsal vertebrae, to join the sympathetic, and finally enter the liver as the hepatic plexus; that the splanchnic nerve is a direct inhibitory nerve, and passes into the dorsal region of the cord; that it contains also the vaso-motor nerves of the small intestine, and that its inhibition of peristaltic action may be due to decrease of the amount of blood in the intestine; that, as we have seen, reflex action on this nerve may so far manifest a paretic influence on the intestinal vessels, that an extreme storage of blood is produced in these vessels, lowering arterial pressure everywhere, retarding the heart, and even causing syncope; that this afflux of blood, this temporary hyperæmia, may result in diarrhoea, and is probably the explanation of diarrhoea in many morbid conditions—markedly in cholera; in cholera, too, the semilunar ganglia have been found diseased; that the peristaltic movement of the intestine is automatically excited through the parenchymal ganglia, though it can be accelerated from the abdominal and thoracic sympathetic system, and inhibited by the splanchnic nerve; and that extirpation of the celiac and mesenteric plexuses leads to hyperæmia and ecchymosis.

Hermann says that it is still unproven whether the diarrhoea, the consequence of the extirpation of the mesenteric plexus, depends on the influence of the secreting nerves or on disturbance of the circulation. I think the latter condition is an important element in its causation. He mentions that in a dog, in which all the ganglia of the celiac plexus were extirpated, there was great emaciation. Although life was prolonged, there was great weakness, no loss of intellect, and, after three weeks, recovery. When the animal was killed, no abnormality of the chyle-forming organs was found. Lanskysky therefore concludes that this plexus is not necessary to life.

Most of the experiments on the celiac plexus prove that it is sensitive to pain. In a similar way, we meet with hyperæsthesiæ of the solar, mesenteric, hypogastric, and spermatic plexuses. That that form of gastric neuralgia that is termed lead-colic, is connected with toxic lesion of the sympathetic (as of other nervous tissue), seems proved by its association with the small hard pulse due to cramped narrowing of the whole peripheral arterial system, with whiteness and coldness of the face and extremities. The cardiac energy is diminished; the apex-beat is scarcely felt; the pulse may vary from 30 to 60 in the minute. In two cases, lesion of the sympathetic has been found. In one, there was an increase of volume, and a greyish-yellow colour of the abdominal ganglia; in the other, sclerosis of the connective tissue in the celiac plexus. Asthma, vertigo, respiration, tenesmus, suppression of urine, and palpitation are all met with in connection with lead-colic.

The two following cases show a divergence as regards sensation that is interesting. A gentleman became very suddenly affected with acute myelitis. In the course of two or three hours he became absolutely paralytic (motor and sensory); the sphincters were useless. There was girdle-pain just above the umbilicus, up to which spot anæsthesia was complete. For the eight days he lived, his appearance was remarkable from the very intense intestinal distension. Under ordinary circumstances, such distension would have caused much pain; but, although he resembled a barrel in appearance, he complained of no pain below the umbilicus, though the pain and distress above this point, consequent partly on the impossibility of diaphragmatic action, was considerable.

The other case was that of a young lady, aged 17, not hysterical. It was thought that she had tired her spine by over-riding. Constipation had

been troublesome for six months before her illness, and it persisted as a marked symptom for many weeks. As a rule, very large and drastic enemata were retained, but from time to time faecal masses were got rid of, in one of which, on a single occasion, were found some peas, which she had eaten raw or imperfectly cooked fully two months before; the peas had sprouted in the bowel. The agony this girl experienced was extreme, although all the symptoms were those of almost complete paralysis of the plexuses of the sympathetic that rule peristaltic movement. In this case there was tenderness along the spine, from the middorsal region down to the coccyx. I presume the case should be called one of neurasthenia, possibly with hereditary predisposition, as the mother had been a martyr to gastric neuralgia; as it would not be likely that irritation of the splanchnic, and so increased inhibition of peristaltic movement, would persist for so long a period.

Of course the same objection may be made to the long persistence of reflex paralysis; but another case under my own observation is somewhat striking on this point. A very sensible and active shopwoman, thirty-six years of age, gave the following account of herself. She believed she had been born blind of the right eye. At any rate, she remembered, when she was a very little girl, being taken to see an oculist in London, who said that she would never see. She could not distinguish light with the right eye. In January of the present year, she had a canine tooth on the right side of the mouth extracted. She immediately became conscious of light, and in a few days entirely gained light in this eye. The optic disc and retina were perfectly normal, yet for thirty-six years she was quite blind, apparently from some reflex influence connected with the alveolus of this canine tooth. With such an instance, it may be well not to speak of the impossibility of reflex irritation or reflex paralysis being persistent for long periods. But the neurasthenia of the abdominal sympathetic in adult life may be only due to premature old age. The deficiency of peristaltic action, and often more or less of intestinal secretion, that is often met with in old age, depends on exhaustion, on deficient blood-supply, quantitative or qualitative, to the parenchymal ganglia, or on commencing atrophy of the spinal cord; and is simulated much earlier in life by anything that depresses power, such as various exhausting diseases, the nerve-fatigue consequent on coition, prolonged travel, etc.

Injury of the vaso-motor centre for the liver in the medulla oblongata, or of the nerves that arise from it, in their course down the spinal cord, or from the cord to the hepatic plexus, leads to paralytic dilatation of the vessels of the liver, producing hyperæmia and diabetes mellitus. Claude Bernard found the exact spot in the medulla oblongata, close to the origin of the vagus, between the nucleus of this nerve and of the acoustic. He proved that the vagus has nothing to do with the diabetic phenomena, but the sympathetic in its relation to circulation. The mechanism is by means of paralytic dilatation of these vessels of the liver, causing an increased flow of blood, and thus, by transformation of the glycogen, an augmentation in the quantity of sugar formed; this, entering the general circulation, shows itself in the urine.

The vaso-motor nerves of the liver can also be paralysed by injury of the cervical and upper thoracic ganglia of the sympathetic. Division of the splanchnic nerves does not cause diabetes. Apart from experiment, there are not many cases on record that definitely show a connection between diabetes and the sympathetic. It has been seen in lesions of the cerebellum, especially of the vermis, of the optic thalami, the crura cerebri, the pons Varolii, the middle crura of the cerebellum, and in injuries of the medulla oblongata. I have sometimes seen it follow small hæmorrhages in old people in the motor area of the cerebral convolutions. But saccharine urine

has been seen in a case of sciatica, and has disappeared when the sciatica was cured. Symmetrical sciatica has been observed in association with diabetes; and I have seen symmetrical neuralgia of the fifth nerve under the same circumstances. In three cases of diabetes, there was hyperidrosis unilateralis; and Burtel found sugar in eighty cases out of eightyone of intermittent fever. The glycosuria became slighter when the fever lost its intermittent, and took on its remittent type. Verkenil has recorded a similar case.

Not only is the vaso-motor action on the hepatic vessels a necessary element in the production of diabetes, but Schiff speaks of the same influence on the capillaries of the general circulation. The immediate mechanism for producing diabetes is the formation of a substance that can easily be transformed into glucose, and the presence of a ferment to induce this transformation. Schiff declares that the ferment is also produced in the capillaries of the general circulation with the necessary element of stasis of blood; and conditions which lead to stasis are all-important to this end.

Diabetes may be a term that includes diseases of various origin. It is perfectly certain that congestion of the liver, necessary as it may be to the formation of the products that induce diabetes, is not in itself the one and only cause. How many cases of congestion of liver come before our notice, in which these diabetic phenomena do not obtain. But in a large number of cases, a number that increases the more readily we realise the relation of one part of the body with the rest by means of nervous influence, the floor of the fourth ventricle is the centre of a reflex arc for diabetes. Its centrifugal effects are not carried to the liver by the vagus—the cervical ganglia are not involved. The bulbar influence is carried down the cord, most probably, I believe, if we could only trace them, by sympathetic fibres which pass along the cord simply as along a roadway, and not partaking of the nature of the organ, and, joining the arch between the last cervical and the first dorsal ganglion, are transmitted down the splanchnic nerves to the solar plexus; whilst some communication may also take place along the thoracic ganglia and the first abdominal ganglion, and the solar plexus be reached thus. Thence fibres go, to make up the hepatic plexus, and to rule the condition of the circulation in the liver. But this is not all. Over and above the dilatation of vessels and the increased hyperæmia of the organ, there are transmitted through the same channels other fibres that influence the phenomena of nutrition and secretion, fibres that play a part in the liver resembling that played by the fibres of the chorda tympani which excite secretion in the submaxillary gland.

The influence of the sympathetic system, therefore, is very great in diabetes. It includes direct or reflex lesion of a bulbar centre, or lesions so near as to be almost direct; hyperæmia of the liver; sometimes stasis in the capillaries of the general circulation; an influence on the secretion of glycogen, and of the ferment necessary to its transformation.

Nor is this the only condition of liver influenced specially by the sympathetic. In a case recorded by Dr. Shingleton Smith, of acute atrophy of the liver, not only was this organ very small, but there was found an atrophic condition of nerve-cells in the sympathetic ganglia. And certain injuries to the solar plexus cause increase of the circulation of blood in the liver, and increase of bile.

Injury to a spot in the floor of the fourth ventricle in close proximity to the diabetic point induces polyuria, evidently from increase in the activity of the intrarenal circulation. The polyuria is the primary condition, and is the result of the morbid state of the renal vaso-motor system. Temporary polyuria under the influence of strong emotion is of everyday occurrence; but Dr. Crichton Browne has mentioned a case of a boy in the late Dr. Begbie's wards, who was placed, very much against his will, in bed with a

patient who was suffering from diabetes. The boy expressed a fear that he would catch the disease ; and certainly, from the influence of emotion on the medulla oblongata, and so on the renal vessels, he became the subject of polyuria.

The recognition of the part taken by the vaso-motors of the kidney in this complaint has led to a more successful treatment of a hitherto difficult disorder. Faradisation over the kidney, and ergot, have proved useful remedies.

We come, lastly, to those diseases that are associated with pigmentation. Irritation of the splenic plexus reduces the size of the spleen. Division of the splenic nerves causes distension of spleen by dilatation of vessels. Jaschowitz divided the sympathetic in the spleen, and caused increased flow of blood, and a copious deposit of hæmatine pigment in its cells. Dr. Coupland, in his lectures here last year, stated that the liver seems to be the chief seat of the destruction of red corpuscles ; for not only does the blood passing out of this organ contain comparatively fewer corpuscles than that entering it, but its cells are laden with pigment derived from the blood, which they excrete with but little modification in the bile.

Melanæmia is a transitory condition, quickly replaced by melanosis of the spleen, liver, and bony marrow. The pigment is first taken up by the white corpuscles. The small vessels are sometimes obstructed by pigment. The spleen is enlarged. The splenic cachexia is associated with destruction of red corpuscles, and consequent marked anæmia. The dark colour of the skin is produced by abundance of pigment in the vessels of the cutis. The granular pigment in the blood exists either free or in little hyaline coagula. It is equally distributed in the heart and great vessels. The white corpuscles are occasionally increased. Much pigment means great destruction of red blood-corpuscles. The spleen is especially affected, but often after intermittent fever it is amyloid, and contains little pigment, and in this case the liver and bony marrow contain much.

In the spleen and bony marrow the capillaries pass into very wide veins --a circumstance that must act in diminishing the rapidity of the blood-current. This is an important factor in all pigmentation. There is more or less stasis of blood-current ; and in this, too, the influence of the sympathetic system comes in. First comes lesion of sympathetic ganglia, especially in the abdomen, influencing the production of pigment ; then the circulation of abnormal blood in the vessels, reflexly influencing their calibre ; then stasis of greater or less intensity ; then pigmental deposit.

Dr. Paget's beautiful case, mentioned at the Congress, well illustrates lesion of the ganglia. It was an example of lymph-adenosis, with brown pigmentation of the skin. The semilunar ganglia and solar plexus were involved in a closely aggregated mass of enlarged lymphatic glands. The pigmentation here was associated with another sympathetic symptom--profuse perspiration.

In Hodgkin's disease, lymphadenoma, the spleen may be enlarged from more causes than one ; but in the form that depends on destruction of the circulation, there is much hyperæmia and a copious deposit of pigment ; occasionally this is seen in the skin.

The influence of the nervous system over the proportion of the various constituents of the blood has been recognised by many physicians. Dr. Wilks speaks of fatal anæmia after shock to the nervous system, and quotes Sir Henry Marsh's case of a young lady who accidentally poisoned her father by giving him laudanum instead of black draught. The occurrence so pressed on her mind that she took to her bed, became anæmic, and before many months had elapsed died, without any apparent organic disease.

Dr. Coupland says : "The intimate relation of the nervous system with all parts of the body point to an extensive control over blood-formation,

and over nutrition and secretion ; so that, under certain conditions, the nervous system may bring about an anæmia other than by the exhaustion of material supplied to it by the blood."

In a case of fatal anæmia, under the care of Dr. Greenhow, reported by Dr. King, the then medical registrar to Middlesex Hospital, the reporter says that "the case must be regarded as one of defective blood-nutrition, due to morbid changes occurring in nervous centres connected with the sympathetic system, centres which normally preside over the blood-vascular and lymphatic glands, superintending the production of that highly complex fluid, which it is the special function of these glands to elaborate." In a very marked case of anæmia, associated with cerebro-spinal sclerosis, I found almost all the abdominal viscera markedly pigmented, and to a less degree the brain also.

These questions should be looked upon in connection with the known fact, that direct irritations of the solar plexus by experiment is followed by the appearance of numerous pigment-granules in the blood ; whilst staining also follows irritative action on the solar plexus from cancer of the stomach, cirrhosis, and other affections of the abdominal organs. A staining in the face in phthisis is spoken of by Dr. Gueneau de Mussy as sign of the presence of abdominal tubercle—a connection we all frequently verify.

Discoloration will occur from the action of local irritants, as heat, light, blisters, etc. In every such case, a slight local vaso-motor paralysis is induced, and more or less blood-stasis.

Anxiety may induce pigmentation that may almost remind one of Addison's bronzing. I have seen this very marked in a gentleman, from whom it disappeared when the anxiety passed away ; and such cases are not uncommon. In a large number of cases, however, there is a morbid condition of the blood itself. Many years ago, Mr. Teevan recorded a case in which tension and irritation of the brow and eyelids was followed by an exudation of a blackish fluid, which persisted for eight hours, and recurred constantly during four months. The case was explained by Erasmus Wilson as depending on an altered action of the follicles of the skin of the eyelids, resulting from vascular congestion ; this vascular congestion being probably vicarious to imperfect menstruation. De Mericourt, too, described a blackish, sometimes bluish, exudation on the skin, which discoloured linen, but could not be washed away, and which was connected with uterine derangement. It was worse in hot weather, and during effort, under emotion, or from fatigue.

By the kindness of Dr. Swayne, I show here plates of the arms of a lady, whose case has already been reported by him in the *Obstetrical Transactions*. The subject was a blonde, with rather florid complexion, brown hair, and blue eyes. At the time of her confinement, there was a peculiar appearance of the skin of both forearms and hands. There was a very general discoloration of the skin of the forearms, more marked on the dorsal than on the palmar aspect. On the dorsal aspect, it occupied all the surface of the arms, and existed in patches on the hands, the knuckles, and all the fingers. The skin in these spots was of a rich yellowish-brown colour, or as dark as the skin of a mulatto. The skin has been similarly affected in each preceding pregnancy ; and the dark colour first appeared about the end of the third month, and increased *pari passu* with the development of the areola, until it attained its acme at the time of labour. After delivery, it soon began to diminish in intensity, and in about three months had entirely disappeared. Her mother had two children, and in each of her pregnancies both the arms and the neck were spotted in a similar way ; and, being a very fair woman, the discoloration was still more evident than it was in the daughter.

A case like this only shows in an unusual position, and in an inordinate degree, phenomena that are met with in most cases of pregnancy. The mammary areola, the staining of the forehead, the less frequent pigmentation of the abdominal surface in pregnant women, are conditions that own one and the same cause : 1, the cachexia consequent on the pregnant state ; 2, uterine irritation ; 3, transmission of this uterine irritation to the solar plexus ; 4, the consequent formation of an abnormal amount of pigment ; and, lastly, the further transmission of irritation to some of the vaso-motor nerves, determining in various positions the vascular congestion and stasis necessary for the deposit of the pigment.

Many other cachexiæ possess all the necessary factors for pigmentation, if only direct or reflex influence on the vaso-motors be induced. In leukæmia, pernicious anæmia, tertiary syphilis, cancer, even chronic rheumatism, gout, and phthisis, the production of pigment from irritation of the solar plexus may constantly occur. Blepharal melasma is common during menstruation. In some women, it is permanent, associated with chlorosis or melancholia, especially in non-fertile middle-aged women. Pigment is rarely symmetrical in women. Blepharal melasma of the lower lids is very rare in men ; but, when it occurs, it seems connected with sexual excess or some genito-urinary disorder.

Dr. Laycock considered the nervous sources of pigmentation to be two : one due to certain cerebro-spinal influences, the emotional ; the other due to the peripheral influence of the sympathetic, without consciousness. The latter is the form in which the genital system is frequently the starting-point ; but the sympathetic system is largely implicated in the emotional form also. When emotion is seen to paralyse the vaso-motors of various parts of the body, to dilate the pupil, to materially interfere with the action of the heart, to influence perspiration, the amount of urine, the catamenial function, the sexual feeling, it is impossible not to look at emotional pigmentation as essentially a sympathetic disorder. Laycock mentions the case of a woman who, in the French Revolution, incurred the anger of the Parisian mob, and with difficulty escaped being hung in the streets. Her terror caused a gradual black discoloration of the whole body, and this remained with her for life.

The reflex influence on pigmentation is beautifully shown in some experiments and observations of Pouchut. A young turbot varies in colour with the colour of the rock or of the sand on which it rests. These changes depend on the greater or less absorption of light by the bottom (whether of sand, rock, etc.), so they must be regarded as true reflex acts, having, Pouchut believes, their centre in the brain, and their starting point in retinal impressions. His experiments prove that it is the great sympathetic which governs the chromatic function. It forms the route of transmission for the influence going from the brain to the cutaneous chromoblasts ; indeed, the retinal impression transmitted to the corpora quadrigemina may be directly reflected on the vaso-motor centres.

Addison's disease, purely a disorder of the sympathetic, owes a causation similar to other pigmentary changes. The changes have been well defined as (1) a lesion of sympathetic nervous system ; (2) inflammatory processes in the connective tissue of the suprarenal glands ; (3) from the products of the inflammation ensues a paralytic condition of the vaso-motor fibres of the sympathetic, and consequently an imperfect distribution of blood ; (4) on this are to be saddled all the phenomena of the disease—anæmia, disturbance of nutritive functions, bronzed skin, and a secondary affection of the blood.

Eulenbergh and Guttmann have collected twenty cases, with more or less lesions of the abdominal ganglia, and twelve in which no lesion was recognised.



The original disease of the suprarenals may have spread to them from inflammatory conditions in their neighbourhood; but the phenomena of the disease are due to the extension of the lesion to the nerve-elements. Kolliker found thirty-three nerve-trunks in the right suprarenal capsule; and many observers have found the medullary portion of the capsule, which is essentially a nerve-centre, in a state of hyperplasia of the connective tissue, and gradually becoming mere fibrous bands. Even in cases in which lesion of ganglia cannot be found, the phenomena may arise from reflex irritation starting from the cortical portion of the gland. The disorder is associated with vertigo and other nervous phenomena; sometimes with a fetid odour of skin like that of a negro; with sighing, yawning, hiccough, and irritability of stomach.

In a case lately under my care, the dark pigmentation of skin, that was the sequence of prolonged ill-health and anæmia, in a girl with a very phthisical family history, was associated with all the symptoms of exophthalmic goitre.

Dr. Semmola considers the disease one of the ganglionic centres, independent of the suprarenal capsules; and the possibility of this view is confirmed by a case recorded by Dr. Fowler, in which, with all the phenomena of Addison's disease, there was no lesion of the suprarenals, but the ganglia were compressed by a tumour in the abdomen.

The influence of the sympathetic touches every normal function of the body, every abnormal disorder. It needs no saying, therefore, that the present sketch is essentially inadequate. But it may be said, *en résomé*, that this system is the connecting link for function between all organs; that its close brotherhood, I had almost said cohesion, with the cerebro-spinal nerves and centres, brings into association in a thousand ways the purely nervous phenomena with those more primarily sympathetic; that it is frequently the seat of coarse lesions, but that, where the same symptoms are met with, when these coarse lesions or injuries cannot be recognised, it is only fair to believe in an irritability, a morbid condition of the sympathetic ganglia, the anatomical elements of which may probably present themselves to means of research, as these become more accurate.

In congestion, in hyperidrosis, in some forms of angina pectoris, in sunstroke, in the regulation of vascular tone, and in its many abnormalities, in vaso-motor neuroses of the extremities, in symmetrical vaso-motor gangrene, in some varieties of aneurysm and of albuminuria, in diabetes mellitus, in diabetes insipidus, in hysteria, hypochondriasis, and other forms of neurasthenia, in those protean disturbances of the economy that are excited by emotion, and lastly in pigmentation, including Addison's disease, the influence of the sympathetic seems primary, and almost, if not wholly, independent. In inflammation, including practically inflammatory disorders of all organs, in fever, in hemicrania, in exophthalmos, in progressive facial hemiatrophy, and in epilepsy, the part played by this system of nerves is secondary, though important. In most of these, however, as of other ailments, the cardiac phenomena, the conditions of vascular tone, the perspiration and diarrhoea, the marvellous influence of the abdominal nerves and vessels on the distribution of blood in the body, are evidences of collateral and coincident disturbances of the sympathetic.

This system is far more than a chain of transmission from the higher nervous centres. It often stands alone; far more often in correlation with the cerebro-spinal system.—*British Medical Journal*, Sept. 2, 1882.



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### STATISTICS OF CHOLERA IN CALCUTTA SINCE 1865.

WE give the following table from our Municipal records. It furnishes, as our readers will see, the monthly returns of only deaths from cholera in the several years from 1865 to 1882. We have of course no information, and no means of arriving at the information, regarding the number attacked. The death returns, therefore, do not give any idea whatever of the ratio of deaths to attacks. Nevertheless, these returns are not, on that account, altogether without value. Although they cannot give us a mathematically correct, yet they do give us a pretty approximate, idea of the extent and severity of the disease in the several months and years of which they are the returns. It is true that the ratio of deaths to attacks varies with different circumstances, with the exciting cause, with individual susceptibilities, with the season, and lastly, to a large extent, with the mode of treatment. In estimating, therefore, the extent and severity of an epidemic, we must take into account all these various and varying circumstances. But where is the organization for statistics of this scientific character?

Statistics, to be of value, must be comparable, and to be comparable, the facts classified must be uniform, and not mere condensed expressions including several different things. Judged by this standard the mortuary statistics of our municipality are, like the municipality itself, with solitary exceptions, more than

*Monthly Cholera Deaths from 1865 to 1882.*

YEARS.	MONTHS.												Ratio per 1,000 of population, 1881.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1865	136	396	508	756	409	131	162	392	496	432	817	452	5,078
1866	509	826	1,193	736	616	885	552	491	371	236	203	208	6,826
1867	67	142	292	343	315	137	108	56	150	277	243	140	2,270
1868	252	328	694	591	360	174	97	395	188	350	405	352	4,186
1869	264	428	759	745	697	336	77	52	40	56	77	57	3,582
1870	171	259	257	381	165	118	50	40	29	36	21	31	1,558
1871	53	96	55	85	29	23	25	41	69	85	127	108	796
1872	77	78	61	67	63	52	68	76	57	82	177	244	1,102
1873	129	185	217	159	149	95	55	27	22	20	23	24	1,105
1874	62	175	186	243	210	79	35	32	17	22	69	124	1,245
1875	126	69	264	264	115	62	28	31	50	145	353	167	1,674
1876	90	226	324	268	168	126	42	32	31	41	259	244	1,851
1877	251	130	174	184	76	28	26	77	119	162	85	106	1,418
1878	65	98	312	308	131	47	39	57	45	34	84	118	1,338
1879	73	58	145	175	318	223	56	21	19	17	21	60	1,186
1880	71	114	90	71	47	11	17	22	18	55	170	119	805
1881	63	72	227	370	138	36	49	59	80	100	232	267	1,693
1882	129	111	170	318	380	254	54	52	38	91	232	411	2,240

solemn sham. Nobody perhaps knows this better than our learned health-officer, and yet weekly, under his signature, are issued returns of deaths from diseases that are mentioned in the long catalogue of the Royal College of Physicians of London. How are these statistics manufactured and by whom? Who makes out whether a death has taken place from diphtheria, quinsy or croup; from remittent fever or simple continued fever; from epilepsy, convulsions, tetanus or hysteria; from bronchitis, pleurisy, or pneumonia? Let not our readers be surprized when we tell them that almost the only source of these statistics is hearsay, and the learned body under whose auspices they are manufactured is the Calcutta Police, that model organization of accuracy, honesty and faithfulness.

But we have said there are exceptions, and the exceptions, in the case of mortuary returns, are in respect of only two diseases, cholera and small-pox. These diseases are so well known, and distinguished by such obvious characters, that mistake about their diagnosis is almost an impossibility. We say *almost* an impossibility, because cases of chronic diarrhœa, which take on an acute form and result in death, may be set down as cholera; and malignant small-pox, with ill developed and confluent eruptions, has been mistaken for measles. Such mistakes, however, are too infinitesimal to affect the general result, and may therefore be neglected. We may then take the cholera statistics as given in our municipal records as they are, and reason upon them without sensible error.

Can we get any help from these statistics in discovering the cause of the disease, or at least of its fluctuations? Taking the totals of the several years, and assuming that the mortality from the disease affords a pretty approximate index of its prevalence, we notice the most remarkable fact that cholera was a great deal more prevalent before 1870. In that year a remarkable decline was noticed, and in the following year the decline attained its minimum, the number of deaths being only 796. Since then there has been a steady rise to 1876, again a gradual decline to 1880, when a minimum very nearly equal to that in 1871 was attained, the number of deaths being 805. The rise in 1881 was sudden, the deaths being more than double of those in the previous year, and in the present year (1882) the deaths (2240) have nearly equalled those (2270) of one of the five years previous to 1870, that is, of 1867.

What was the cause of the unusual prevalence and severity of cholera before 1870, of the rapid decline in 1870, of the minimum in 1871, of the gradual rise to 1876, of the gradual decline to 1880, of the minimum in 1880, and of the sudden rise in 1881 and 1882? In 1870 two most important changes in the sanitary and hygienic condition of Calcutta were introduced, the system

of underground drainage, and the supply of filtered water from Pultah for drinking and other purposes. The drainage works were only partially, indeed very partially executed in 1870, the Southern portion of the Town having derived benefit from it. The water works, however, came into full operation throughout the Town. The advantage of the under ground drainage, whatever it was, was very partial and limited. But the advantage of the filtered water must have been immense, though not complete. To these two causes, but chiefly to the latter, it is natural to attribute the rapid decline of cholera in 1870.

But what exact share the water-supply had in this causation it is not easy to determine. For it might be urged, and indeed has been urged, that there have been other sanitary improvements in Calcutta which might have contributed their share. But the fact remains that the deaths from cholera in these years do not bear an uniform ratio to the deaths from all causes: Thus taking the total deaths from 1865 to 1870 inclusive we find with trifling exceptions almost a steady decline from year to year, which may be credited to general sanitary improvements in the town. But if we compare the deaths from cholera in these years with their respective total deaths, we do not find a corresponding decline; on the contrary we find a most capricious relationship. Thus against 23,212 total deaths of 1865 we have 5,078 deaths from cholera; against 20,283 total of 1866 we have 6,826 from cholera; against 12,097 total of 1867 we have 2,270 from cholera; against 13,733 total of 1868 we have 4,186 from cholera; against 12,795 of 1869 we have 3,582 from cholera; against 10,102 total of 1870 we have 1,558 from cholera. Hence the general sanitary improvements that were introduced before the supply of pure water could not have exerted any decided influence in mitigating the operation of causes which determine the production of cholera. And we have no other alternative left than to look upon the introduction of filtered water in 1870 and the sudden decline of cholera in the same year in the relation of cause and effect. This is borne out by the fact that cholera has not risen till this year even to the minimum of its prevalence and severity before 1870.

If the decline of cholera in Calcutta is to be attributed to the water supply, how is it that that decline has not been maintained, at least at an uniform rate? How are we to account for the anomalies spoken of above, namely, its steady rise to 1876 after 1871 when it was at its minimum, then a steady decline again to 1880 when it attained a minimum a second time? and how with *increased* water-supply to account for the second rise since last year, and its unusual severity and prevalence this year, which has rivalled one of the years, a year of minimum fortunately, before 1870? If the cause of cholera had been one, the anomalies in

question would have been enough to throw doubt on the beneficial influence of the introduction of pure water in bringing about the remarkable decline of cholera in Calcutta. But the history of cholera shows that its production, prevalence and severity take place under very varying circumstances, and thus bears abundant testimony to the multiple etiology of the disease. The water-supply, evidently, did not as it could not touch all the causes. It could have touched one or some of the causes. It is important, therefore, to have a clear idea of what the introduction of pure water has done, what changes it has effected in the habits and living of the people in order that we may derive as much help from it as we can in unravelling some of the causes of this disease. It is an established fact that water, contaminated with putrescible and putrescent organic matter, especially if furnished by animal excreta, when used for drinking purposes, disposes to and produces disorder of the prime viæ, exerts a zymotic action on the blood, and not unoften gives rise to serious exhaustion of the nervous centres. Such a state of the system is an easy prey to the action of any morbid cause, and especially to such as have a determining action on the alimentary canal. The inhabitants of Calcutta, especially the poorer classes, were before 1870 perpetually under the operation of this cause, for the best drinking water available in Calcutta before that year was filthy compared to the water that is being supplied from Pultah since that year. The water-supply has not only gone far to abolish this particular prolific predisposing and exciting source of the disease, but by introducing habits of cleanliness it has improved the general hygienic condition of the people, and enabled them to offer greater resistance than they could before to the enervating influence of other causes.

The cause or causes of cholera, predisposing and exciting, that enter the system by means of drinking water, may be said to have been abolished by the new water-supply, so far as the main source of the water used for drinking is concerned; in so far only can we expect a diminution in the production of cholera, and in so far, we believe, has the prevalence of cholera been mitigated. But the system of water-works has not been complete; pure water has not yet been placed within *easy* reach of every inhabitant of the town; foul and filthy water, saturated with poisonous organic matter, still abounds, specially in the northern division, and even if not drunk, finds means of entering the stomach thanks to the idle and dirty habits of the lower orders of the people. Besides all this, even the purest water may, and indeed has often become dangerously contaminated through sheer carelessness or ignorance of the most common sanitary principles. No wonder, then, that the fullest advantage of pure water has not been derived, that the causes of cholera that find their way into the

system through water have not all been prevented from doing their mischievous work.

We have enumerated the chief advantages of pure water for drinking and other purposes. We must not omit to mention one *disadvantage* that has resulted from it, namely, that some people, having become accustomed to pure water, have become more susceptible of the injurious effects of impure water. This may look like a contradiction of what we have advanced above, that by improving the general condition of the people, pure water has fortified their power of resisting morbid influences. If there is a contradiction, it exists in nature. Nothing is a fact of more common observation than that some constitutions easily succumb to morbid influences, some get inured to them, and that those who have got so inured can longer and more strongly resist them than those who are first brought under their action. This partially explains the rise in the level cholera-prevalence after it was brought down by the introduction of pure water in 1870. Indeed by the light of this fact we see that this must be the case, so long as the water-causes continue more or less to exist.

We shall continue the discussion in our next.

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### HAHNEMANN ON THE MODE OF PROPAGATION OF THE ASIATIC CHOLERA.\*

Two opinions, exactly opposed to each other, prevail on this subject. One party considers the pestilence as only epidemic, of atmospheric-telluric nature, just as though it were merely spread through the air, from which there would in that case be no protection. The other party denies this, and holds it to be communicable by contagion only, and propagated from one individual to another.

Of these two opinions one only can be the right one, and that which is found to be the correct one will, like all truths, exercise a great influence on the welfare of mankind.

The first has the most obstinate defenders, who adduced the fact that when the cholera has broken out at one extremity of the town, it may the very next morning be raging at the other extremity, consequently the infection can only be present in the air; and that they (the physicians) are in their own persons proofs of the non-contagious character of cholera, seeing that they generally remain unaffected by it and in good health, although they are daily in personal communication with those dying of cholera, and have even tasted the matter they ejected and the blood out of their veins, lain down in their beds, and so forth. This foolhardy, disgusting procedure they allege to be the *experimentum crucis*, that is to say, an incontrovertible proof of the

\* From the "Lesser Writings" of Hahnemann by Dudgeon.

non-contagious nature of cholera, that it is not propagated by contact, but is present in the atmosphere, and for this reason attacks individuals in widely distant places.

*A fearfully pernicious and totally false assertion !*

Were it the fact that this pestilential disease was uniformly distributed throughout the atmosphere, like the influenza that recently spread over all Europe, then the many cases reported by all the public journals would be quite inexplicable, where small towns and villages in the vicinity of the murderously prevalent cholera, which, by the unanimous efforts of all their inhabitants, kept themselves strictly isolated, like a besieged fortress, and which refused to admit a single person from without—inexplicable, I repeat, would be the perfect exemption of such places from the ravages of the cholera. This plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it Sarepta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from the cholera, and up to a recent period none of the villages around Vienna, where the plague daily carries off a large number of victims, were invaded by cholera, the peasants of these villages having all sworn to kill any one who ventured near them, and even to refuse to permit any of the inhabitants who had gone out of the villages to re-enter them. How could their exemption have been possible had the cholera been distributed throughout the atmosphere ! And how easy it is to comprehend their freedom from it, seeing that they held aloof from contact with infected individuals.

The course followed by the cholera in every place it traversed was almost uniformly this : that its fury shewed itself most virulently and most rapidly fatal at the commencement of its invasion (evidently solely because at that time the miasm encountered none but unprepared systems, for even the slightest cholera miasm was something quite novel, never before experienced, and consequently extremely infectious) ; hence it then infected persons most frequently and most fatally.

Thereafter the cases increased, and with them at the same time, by the communication of the inhabitants among each other, the quantity of the diluted miasm, whereby a kind of local sphere of cholera-miasm exhalation was formed in the town, to which the more or less robust individuals had an opportunity of becoming gradually accustomed and hardened against it, so that by degrees always fewer inhabitants were attacked by it and could be severely affected by it (the cholera was then said to take on a milder character), until at last all the inhabitants were almost uniformly indurated against it, and thus the epidemic was extinguished in this town.

Did the miasm only exist in the general atmosphere, the cases could not be less numerous at last than they were at the com-



mencement, for the same cause (said to be the general atmospheric constitution) must have remained identical in its effects.

The *only* fact brought forward by Hufeland against my proofs (viz., that on board an English ship in the open sea, about the latitude of Riga, that had had no (?) communication with the town, two sailors were suddenly seized with cholera) proves nothing, for it is not known how near the ship came to the infected town, Riga, so that the sphere of the miasm-exhalation from the town, although diluted, might yet have reached and infected the sailors, who were still unused to the miasm, especially if they, as is often the case, were rendered more susceptible to it from intemperance.

The most striking examples of infection and rapid spread of cholera take place, as is well known, and as the public journals likewise inform us, in this way : On board ships—in whose confined spaces, filled with mouldy watery vapours, the cholera-miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists—on board these ships, I say, this concentrated aggravated miasm kills several of the crew ; the others, however, being frequently exposed to the danger of infection and thus gradually habituated to it, at length become fortified against it, and no longer liable to be infected. These individuals, apparently in good health, go ashore, and are received by the inhabitants without hesitation into their cottages, and ere they have time to give an account of those who have died of the pestilence on board the ship, those who have approached nearest to them are suddenly carried off by the cholera. The cause of this is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of those miasmatic animated beings, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction and attaching themselves closely to him, when transferred to distant and even colder regions become habituated to these also, without any diminution either of their unhappy fertility or of their fatal destructiveness.

Closely but invisibly environed by this pestiferous, infectious matter, against which, however, as has been observed, his own individual system is, as it were, fortified by the long resistance of his vital force to its action, and by being gradually habituated to the inimical influence surrounding him, such a sailor (flying from the corpses of his companions on board) has often gone ashore apparently innocuous and well, and behold ! the inhabitants who hospitably entertained him, and first of all those who came into

immediate contact with him, quite unused to the miasm, are first most rapidly and most certainly attacked without any warning, and killed by the cholera, whilst of those who are more remote, such only as are unnerved by their bad habits of life are liable to take the infection: Those who are not debilitated, and who have kept at some distance from the stranger who is surrounded by the cholera-miasm, suffered only a slight attack from the miasmatic exhalation hovering about in a more diluted form; their vital force could easily ward off the weaker attack and master it, and when they subsequently came nearer it their system had by this time become somewhat habituated to the miasm, retained the mastery over it, and even when these persons at length approached nearer or quite close to the infected stranger, their vital force had thus gradually become so fortified against it, that they could hold intercourse with him with perfect impunity, having now become completely uninfected by the contagious principle of the cholera.

It is a wonderfully benevolent arrangement of God that he has made it possible for man to fortify himself against, and render himself unsusceptible to, the most deadly distempers, and especially the most fatal of them all, the infectious principle of cholera, if he gradually approaches it ever nearer and nearer, allowing intervals of time to elapse in order to recover himself, provided always he have an undebilitated body.

When first called to a cholera patient, the physician, somewhat timid as yet, as is but reasonable, either tarrys at first in the ante-chamber (in the weaker atmosphere of miasmatic exhalation) or if he enter the patient's room prefers keeping at some distance, or standing at the door, orders the nurse in attendance to do this or the other to the patient, he then prudently soon takes his departure promising to return again shortly; in the meantime he either goes about a little in the open air, or goes home and has some refreshment. His vital force, which at the first short visit at some distance from the patient, was only moderately assailed by the diluted miasm recovers itself completely in the meantime by this recreation, and when he again comes into the patient's room and approaches somewhat nearer to the patient, it soon by practice comes to resist more powerfully the more concentrated infectious atmosphere that exists closer to the patient, until at length, from frequent visits and a nearer approach to the patient,

it attains a mastery over the assaults of the miasm, so that at last the physician is completely hardened against even the most poisonous cholera miasm at the bedside, and rendered quite uninfected by this pestilence; and the same is the case with the nurse who goes as cautiously and gradually to work.

Both the one and the other then boast, because they can come into immediate contact with the patient without any fear and without any ill consequences, that they know better than to call the disease contagious: it is not, they say, the least catching. This presumptuous, inconsiderate, and perfectly untrue assertion has already cost thousands their lives, who in their ignorance, and quite unprepared, either approached the cholera patient suddenly, or came in contact with these cholera physicians (who do not treat with camphor) or the nurses. For such physicians and nurses, fortified in this manner against the miasm, now take away with them in their clothes, in their skin, in their hair, probably also in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient they have just visited, and this contagious matter they unconsciously and unsuspectingly carry along with them throughout the town and to their acquaintances, whom it unexpectedly and infallibly infects, without the slightest suspicion on their part of its source.

*Thus the cholera physicians and nurses are the most certain and frequent propagators and communicators of contagion far and wide; and yet amazement is expressed, even in the public journals, how the infection can spread so rapidly the very first day, from the first cholera patient at the one end of the town to persons at the other end of the town, who had not come near the patient!*

And thus the flame for the sacrifice of innocent persons breaks out in all corners and ends of the town, lighted up by the sparks of the black death scattered in every direction by physicians and their assistants! Every one readily opens the door to these plague-propagators; allows them to sit down beside him, putting implicit faith in their confidently declared assurance: "that it is ridiculous to call the cholera contagious, as the cholera pestilence is only diffused epidemically through the air, and cannot, therefore, be infectious"—and see! the poor cajoled creatures are rewarded for their hospitality with the most miserable death.

To the very highest people of the town and of the court the

cholera angel of death obtains access, in the person of the physician who gives this evil counsel, enveloped by the fresh miasm; and no one detects the concealed, invisible, but, for that reason, all the more dangerous enemy.

Wherever such physicians and such nurses go (for what all-seeing eye could perceive this invisible danger on these healthy miasm-bearers?)—wherever they go, their presence communicates the spark, and mortal sickness bursts forth everywhere, and the pestilence depopulates whole towns and countries!

If physicians would but take warning, and, rendered uninfected by taking a few drops of camphorated spirit, approach (ever so quickly) the cholera patient, in order to treat him at the commencement of his sickening with this medicine (*pure, unadulterated camphorated spirit*) which alone is efficacious, and which most certainly destroys the miasm about the patient, by giving him, as I have taught,\* every five minutes one drop of it, and in the interval assiduously rubbing him on the head, neck, chest, and abdomen with the same medicine poured into the hollow of the hand, until all his giddy faint powerlessness, his suffocative anxiety, and the icy-coldness of his body has disappeared, and given place to reviving animation, tranquillity of mind, and complete return of the vital warmth—if they would but do this, then *every* patient would not only be *infallibly* restored within a couple of hours (as the most undeniable facts and instances prove), but by the cure of the disease with pure camphor, they would at the same time eradicate and annihilate the miasm (that probably consists of innumerable, invisible living beings) in and about the patient, about themselves, even in the clothes, the linen, the bed to the patient (for these all would be penetrated by the vapour of the camphor if it were employed in this way) in the very furniture and walls of the apartment also, and they themselves (the physicians and nurses) would then carry off none of the contagious principle with them, and could no longer infect persons throughout the town.†

But these physicians, as we see, despise this; they prefer going on killing their patients in crowds by pouring into them large quantities of aqua-fortis and opium, by blood-letting, and so forth,

\* *Cure and Prevention of the Asiatic Cholera.*—[See preceding No., p. 427.]

† The sprinkling of suspected strangers on their arrival, and of suspected goods and letters with camphor spirit, would most certainly destroy the cholera miasm in them. Not a single fact goes to prove that chlorine annihilates the

or giving the camphor mixed with so many obstructing and injurious matters, that it can scarcely do any good, solely to avoid giving the simple, pure (efficacious) solution of camphor, because the reformer of the old injurious system of treatment (the only one they know), *because I*, from conviction, recommended it in the most urgent manner in all countries of Europe. They seem to prefer delivering over all mankind to the grave-digger, to listening to the good counsel of the new purified healing art.

But who can prevent them acting so, as they alone possess the power in the state to suppress what is good ?

However, bountiful Providence has provided a beneficent remedy for this state of things (for these physicians are protected, even in their ill-deeds, by antiquated injurious laws).

Thus, the cholera is most surely and easily and almost miraculously curable, but only in the first couple of hours from the commencement of the sickening, by means of the employment of pure camphor, and that before the physicians in larger towns that are summoned can attend. But on their arrival they may even then, by the employment of unadulterated camphor-spirit, if not cure the cholera completely (for the lapse of a few hours generally makes it too late to do so) yet annihilate the whole of the contagious principle of this pestilence on and about the patient, and adhering to themselves and the by standers, and cease to convey the miasm with them to other parts of the town. Hence the families of non-medical persons, by means of this employment of camphor, cure the members of their families by thousands in secret (the higher classes alone, must, *on account of their station*, be under the necessity of calling in the physician, who, in defiance of the philanthropic reformer of the healing art, and his efficacious system of treatment, not unfrequently, with his improper remedies, dispatches them to Orcus).

*It is members of a family alone that can most certainly and easily mutually cure each other with camphor spirit, because they are able instantaneously to aid those taken ill.*

Will physicians ever come to comprehend what is essential, and what will at once put a stop to the devastation and depopulation of two quarters of the globe ?

miasm of cholera ; it can only destroy odorous effluvia. But the contagious matter of the Asiatic cholera is far from being an odorous effluvia. What good then do the fumigations with chlorine, which is here perfectly useless, and only hurtful to man's health ?

## DR. SALZER'S LETTER ON THE TREATMENT OF CHOLERA.

[Our invitation to our colleagues to furnish us with the result of their experience regarding the treatment of cholera has not been in vain. Dr. Salzer has sent us the following letter which we have great pleasure in inserting, and on which we invite practical comments from our other colleagues. The suggestion regarding *Ricinus* is important, as it brings to notice an indigenous drug which has sometimes been used by orthodox practitioners in cholera, not wholly without success. We do not believe that the evacuations of *Ricinus* are invariably painless or cholera-like. From large previous experience, personal and other, we know that the stools following the administration of castor oil are often attended with gripes and colic, and are often bilious, green, greenish-yellow, or yellow, or of all these colors. The suppression of urine is also very rare. Nevertheless, even if it but occasionally produces choleraic evacuations and simultaneously causes anuria, it deserves a trial in a disease for which we have as yet scarcely any similar drug. We are glad to see Dr. Salzer is at one with us as to the value of *Camphor* in cholera. The fact is, we have not as yet lost a single case where we could give camphor at the very beginning. That the drug produces, in large doses, in infants and children, symptoms which are mistaken for those of cholera even by experienced medical men, will be evident from two cases of poisoning with *Camphor* published in our number for April 1869 by Babu Bhuban Mohan Sircar. L.M.S. How long and how far we should push camphor can only be determined by experience, but we think we may, as Dr. Salzer urges, safely "stick to it altogether, wherever the slightest signs of improvement show themselves."—ED.]

DEAR SIR,                     •

I have read with no little concern your statement in the November number of the *Calcutta Journal of Medicine* to the effect that "in the present outbreak of cholera the new school has not proved itself as successful as it used to do in previous ones."

Having only of late returned from Europe I can hardly speak from experience on the subject. I venture however to lay before you the following remarks.

The homœopathic treatment of cholera may properly be divided into two parts—the one referring to the premonitory stage of the disease, characterised by sudden prostration, rapid sinking of strength and coldness all over the body ; the other referring to the succeeding stage of purging, vomiting, &c. Camphor, and camphor alone, administered from the very beginning, is Hahnemann's great remedy for the first, premonitory stage. Should this drug fail to check the progress of the disease, so that vomiting and purging ensue, then he recommended the administration of *cuprum* or *veratrum*, as the case may be. To these two drugs, *arsenic* and some other drugs of minor importance have since been added.

It would then be worth while to enquire which part of the treatment has of late given less favorable results than before. Is it the camphor at the outset, or the treatment at the farther advanced stage of the disease which has been less successful ?

From what I have been able to learn during my previous stay in India about the effects of camphor in cholera, I had generally come to the conclusion that Hahnemann's plan of camphor treatment holds not only as good in India as it did in Europe during the first and all succeeding outbreaks of cholera ; but that the result has actually outstripped his most sanguine expectations in this respect. Missionaries from all parts of the country have assured me over and over again, that they have seen cholera-vomiting and purging checked by the administration of camphor. Babu Lokanatha Maitra, who was in charge of the Benares Homœopathic Hospital and Dispensary for upwards of seven years, has made before me a statement to the same effect. "Camphor," he says, "was my main remedy during all the time in the treatment of cholera. I invariably began treatment with camphor, and very often used nothing else, even in the stage of vomiting and purging." Dr. Ringer's testimony is to the same effect. In his ninth edition, p. 416, he says, "few if any remedies are comparable to camphor in summer diarrhœa and cholera. Its benign influence in cholera is most conspicuous ; for it generally checks the vomiting and diarrhœa immediately, prevents cramps, and restores warmth to the extremities. It must be given at the very commencement, and repeated frequently, otherwise it is useless."

This testimony is of so much the more value to us, as it comes from a man professing to belong to the old school of medicine, and occupying in that school one of the foremost ranks.

While we see then the therapeutic range of camphor in cholera widening beyond the limits originally set by Hahnemann, evidence has come in, since the time of our great master, which tends to enlarge in the same proportion and in the very same direction our knowledge of the pharmacodynamic action of the drug so often mentioned.

The pathogenesis of camphor, as far as Hahnemann could elicit it by means of proving it on the healthy, is not particularly characterised by vomiting and purging. Hence Hahnemann's restrictions with regard to the administration of the drug in the treatment of cholera. Hahnemann was not able to point to one single case of camphor-poisoning which had ended fatally, in the whole range of medical literature at his disposal. In fact, cases of death by camphor, even where the drug had been taken in large quantities are, up to this day, exceedingly rare. There are almost none on record as far as adults are concerned. Otherwise is the case with regard to infants and children. And here, purging and vomiting is the rule. Taylor, a high and reliable authority on the subject, says in his *Manual* of 1866, p. 158, "it (camphor) has proved fatal to infants and children, symptoms being chiefly vomiting and purging."

It is exceedingly to be regretted that Allen, in his *Encyclopedia of Pure Materia Medica*, has omitted to put on record the above quoted statement of Taylor—a statement of so great importance to us homœopaths.

While the work of Allen was being issued, I was in correspondence with the late, lamented Dr. Carroll Dunham, one of the contributors to the *Encyclopedia*. I at once pointed out the omission to him, and he in his usual courtesy, immediately replied expressing his regret and assuring me that the omission will be made good in the forthcoming appendix to the *Encyclopedia*. Dr. Carroll Dunham has died since, and I look in vain for the symptom in the 10th volume of the work mentioned.

Dr. K. McLeod, present Editor of the *Indian Medical Gazette*, published in the year 1875 a little book, entitled *Medico-Legal Experience in the Bengal Presidency*, in which a fatal case of



camphor-poisoning is recorded. Surgeon R. Bateson, who reported the case, says, "the *seriatim* appearance of symptoms I cannot state; but from an examination of the rather voluminous file comprising numerous statements it would seem that deceased's symptoms were, according to all, delirium, according to one witness, vomiting, hiccup, profuse sweating, *hyza hogya* (cholera), and death in a state of cold sweating, collapse and coma, two days after leaving deceased's company."

I believe then, after all what has been said, the time has come that we should reconsider Hahnemann's limitation as to the application of camphor in cholera. I believe we should be more persistent, than we have hitherto been, in the administration of camphor in cases of cholera; that we should prolong the use of the drug a good deal beyond the stage of vomiting and purging, and that we should stick to it altogether, wherever the slightest signs of improvement show themselves.

In describing the peculiarities of the present cholera outbreak, you say, "cases have proved fatal within a few, sometimes not more than four, five or six hours from the attack." In such cases it is evident that the premonitory stage must have been of a comparatively short duration. Camphor, according to the standing rule as laid down by Hahnemann, must then have been nearly crushed out of existence in the treatment of all such cases. But to deprive us of camphor, really means to deprive us of at least half of our usual success in the homœopathic treatment of cholera.

One of the great merits of camphor in the treatment of cholera consists in the quick action of the drug, so to say, apace with the rapid course of the disease itself in its virulent type. The more virulent the choleraic attack, the more urgently I should say, and the more exclusively we must look to camphor for help.

And here too much stress can hardly be laid upon Hahnemann's instruction, that camphor should be given from the very beginning, and that the drug should be given alone, whenever given at all, and should be continued all along *alone*, as long as it is to be continued at all.

I lay so much stress on that point, not because Hahnemann had said so, but, because of all drugs in our *materia medica* camphor stands the least admixture with any other ingredient.

Camphor antidotes to a certain extent most of the vegetable poisons.\* It does not make such poisons innocuous, but it interferes with the distinctive peculiarities of their respective physiological action. Now in nature, there is no action without reaction; effects invariably call forth counter-effects. Camphor is therefore sure to lose a considerable portion of its physiological integrity, whenever any drug, at any rate, any vegetable drug is added to it.

It is not my task in the present letter to defend homœopathy against allegations of its eventual failures. Whenever homœopathy shows signs of decline, it is our first duty to take cognizance of the fact, and to see where the fault lies. Conceit is a danger we cannot too often be warned against. But let us not forget that we owe to ourselves and to our cause the same justice, we owe to the world at large and to our patients in particular.

Now I believe that, owing to the various medical systems in vogue in this country; owing further to a widely spread medical scepticism, especially prevalent in our holy city of Calcutta and its suburbs, there seldom comes a clear case of cholera before the homœopathic practitioner, where he can have a fair trial from the very beginning to the end whatever that end may be. Yet no matter at what stage of the disease he has been called in; no matter what sort of treatment had been pursued prior to his first visit; no matter for what earthly or heavenly reason he has been bowed out in order to make room for another practitioner of a different persuasion—the stigma of failure falls upon the new school of medicine.

Coming now to the second part of the homœopathic treatment, we are met by the striking fact, that none of our standing remedies in this second stage of the disease, is truly homœopathic to cholera. The ejections from the mouth as well as from the rectum, occurring under the poisonous action of *Veratrum album* or *Cuprum*, are bilious in their character, while cholera is characterised by rice-water ejections; the same is true of *Arsenic*; the

\* "Camphor," says Dr. Ringer "destroys most plants." Faded flowers, dipped in a camphor solution, will however revive, for a time, in a most remarkable way.

exceptions to the contrary are so rare that they hardly deserve consideration.

Again, we are in the habit of beginning treatment with *veratrum* when vomiting and purging have set in, and go over to *cuprum* alone or in alternation with the previous drug, as the case may be when spasms assume a prominent feature. Now in *veratrum*, colic and cramps in general are almost pathognomic; so much so that Bell, in his *Homœopathic Treatment of Diarrhœa, &c.*, rightly remarks, *veratrum* is seldom indicated in painless cases. Yet we prescribe *veratrum* in the painless stage of vomiting and purging, apparently because we have nothing better to prescribe.

If we look however at the pathogenesis of *Jatropha curcas*, we shall find that the ejections caused by that drug are not only by far more similar to the cholera ejections, but that absence of abdominal pains is conspicuous in its pathogenesis. *Veratrum* lacks also the suppression of urine so pathognomic of cholera, and this deficiency of similarity is shared by *Jatropha*. To my mind there is only one drug which stands in more exact homœopathic relation to cholera than any of our remedies in use; and this drug is *Ricinus*. I need not tell you that Dr. Hale urged long ago the use of *Ricinus* in cholera. But it seems we have hitherto done so well without it, that no body dared making a beginning in a new direction. But as we are threatened, according to your statement, to lose ground, we must turn over a new leaf, that is to say, we must look after a remedy which is more homœopathic than those hitherto in use. Our provings of the drug, meagre as they are, give us not only sufficient indications for the use of the drug, but they enable us, by the help of the foregoing remarks, to establish a differentiation between it and its allies *Jatropha* and *Veratrum*.

*Ricinus*, as may be seen from Hale and Allen, has rice-water ejections, complete anuria, collapse,—in fact, its pathogenesis presents a complete picture of cholera. *Ricinus* has besides the not to be despised merit of being an indigenous drug, and is therefore most likely to prove curative in a disease indigenous to India.

Yours truly,  
L. SALZER, M. D.

## TREATMENT OF SYPHILIS.

(Translated from the French of Dr. P. Jousset in L'Art

Medical for Nov. 1882.)

There is exhibited, in our school, for the treatment of syphilis, what was exhibited for the treatment of intermittent fevers; that in place of adhering to the spirit of the homœopathic reform, to the law of similars, we have allowed ourselves to be dominated by the question of the dose, and that mercury has been prescribed exclusively in infinitesimal doses in the treatment of syphilis, as the sulphate of quinine has for a long time been prescribed in doses exclusively infinitesimal in the treatment of intermittent fever.

We do not hasten to impeach the good faith or the knowledge of physicians who have maintained this illusion. Syphilis, more than any other malady, countenances this illusion; and expectation or at least the omission of mercurial treatment has found firm defenders in all schools. The pupils of Broussais have proscribed mercurial treatment, and in our day a school, which has Diday at its head, teaches that a great deal of confirmed syphilis is cured without mercury. A distinguished surgeon of the hospitals of Paris professes a still more absolute opinion. M. Despres never gives mercurial preparations to syphilitics.

Without doubt, if it is possible to discern, from the beginning, cases of mild syphilis which after two or three eruptions on the skin and mucous membrane, tend, without treatment, towards a radical cure, one ought to spare such patients the ennui and the fatigue of a mercurial treatment. But where are the signs which permit the hitting upon this distinction, and what physician has not seen the gravest accidents of tertiary syphilis succeeding a secondary period of remarkable benignity?

After all, if one is willing to consider that syphilis presents a form extremely frequent: the *benign form* (soft chancre), for the treatment of which mercury is absolutely useless; a *malignant form* (phagedenic chancre), which is constantly aggravated by mercurial preparations, and that, in the *common form* (indurated chancre) a large number of cases get well at least for a time by

expectation one will easily understand how several and learned physicians should have come to persuade themselves that syphilis may be perfectly cured with infinitesimal doses of mercury, or even by expectation.

This is an error which brings to patients and their offspring consequences the most deplorable. We have already spoken against this baneful practice, but we believe that we have done so rather too timidly; we have allowed ourselves to be influenced by facts incompletely observed. Now, taught by clinical experience, grieved at the failures which we have seen every day in patients treated by pure infinitesimals and by allopathic physicians who are advocates of expectation, we have decided to lay down rules which appear to us absolutely necessary for the treatment of syphilis. Physicians, who have the honor to march at the head of positive therapeutics, should never hesitate to adopt an efficacious treatment even when this treatment conflicts with some of their prejudices. And, moreover, this hesitation should not exist when our adversaries have come to proclaim, *as to the administration of mercury*, two Hahnemannian laws which we should keep to ourselves to separate from them. For a long time it has been taught in all the schools that it is necessary, in prescribing mercury, to restrict oneself to doses which produce neither salivation nor diarrhœa, that is to say, to non-perturbative doses, to alterative doses. The old allopathic theory of evacuations by mercury is now dead.

The second rule, proclaimed chiefly by Fournier, is that of *successive treatment*. It is the rule which we all practise in the school of Hahnemann. This rule consists in allowing rest to the patient, that is to say, to suspend medicine for a certain time, then to prescribe it *de nouveau*.

We prescribe, then without hesitation, mercury and iodide of potassium in doses which clinical experience has taught us to be the best, not merely by the temporary disappearance of the secondary and tertiary symptoms of syphilis, but further by the radical cure of patients and the preservation of their descendants.

In exceptional cases which resist the rigorous application of the classical treatment, we shall have to find out if in our *materia medica* we cannot encounter some medicaments which can replace mercury and iodide of potassium, just as

arsenic, venom of spiders, cedron and some other medicaments supply the insufficiency of quinine in the treatment of intermittent fever.

Syphilis is a constitutional disease constituted by multiple lesions, ulcerations, indurations, adenites, necrosis, caries, &c. It has for its distinctive characteristic to be contagious and never to be developed spontaneously.

• Syphilis presents five forms: the *benign form*, the *common form*, the *malignant* or *phagædenic form*, the *hereditary form*, and the *epidemic form*.

I.—*Treatment of the benign form*.—This is what is still called *soft chancre*, *simple chancre*. It is never followed by constitutional accidents, it is contagious and self-inoculable during the whole of its course. The treatment of this form is entirely local; it consists in conveniently dressing the ulcer to bring on cicatrization. It is especially necessary to combat the inflammation liable to be propagated to the inguinal glands so as to form buboes which suppurate with great facility.

A dressing with the classic aromatic wine, or better with hydrate of chloral in the proportion of 1 to 200; some three mild cauterizations with nitrate of silver if the ulcer is deep; comparative rest, which will be absolutely necessary if the glands of the groin become painful;—these constitute the treatment of the benign form.

At the commencement of bubo, *belladonna*, mother tincture, six drops in 200 grammes of water, six spoonfuls in twentyfour hours, constitutes the best medical treatment. An application of elastic collodion upon the region previously shaved, constitutes a precious adjuvant for obtaining resolution of the bubo. If the march towards suppuration is not arrested, *belladonna* ought to be replaced by *hepar sulphuris*, 3rd trituration, and collodion by linseed poultice. When the fluctuation becomes very marked it is advantageous to make a large opening into the abscess. The poultices should be continued for several days; but directly the pain diminishes, it is necessary to sprinkle them with water mixed with tincture of iodine in proportion of 1 to 10, or even hydrate of chloral, 1 to 100. Later, we should use a dressing with lint soaked in tincture of iodine.

Sometimes the abortive treatment of chancre may be had

recourse to. This treatment consists in deeply cauterizing the ulcer either with monohydrated *nitric acid* or with the paste of caeon. This cauterization transforms the chancre into a simple ulcer, and, when this is complete, suppresses the contagion. We can understand that there are circumstances where this indication surpasses all others. The cauterization is applicable only at the beginning and before the inguinal glands have become affected.

II.—*Treatment of the Phagædænic form.*—We must not confound the phagædænic form of syphilis with the temporary and accidental phagædænic character of the ulcers of the benign form. This accident, determined by a bad mode of dressing, by uncleanness and by exhaustion, ceases without giving much trouble under dressings which we have indicated above, and by rest. The phagædænic form, on the contrary, is extremely rebellious and is of hopeless duration. It is characterized by phagædenism of the primitive ulceration or of the bubo which succeeds it, by destruction of a part of the ulcerated region, by almost complete absence of consecutive affections of the skin, and by a profound cachexia. The ulceration of the phagædænic form remains indefinitely inoculable.

The treatment of this form offers considerable difficulties; it is aggravated by mercurials and not in the least modified by iodide of potassium.

*Arsenicum, ferrum, acidum nitricum, hydrastis canadensis* are the four principal medicines.

1. *Arsenicum* corresponds to the phagædænic ulceration and the cachexia. It ought to be administered perseveringly for several months. As to the dose, some physicians prefer the 30th dilution and others the lower triturations. I now believe this last dose to be the most certain. We give then five centigrammes of the 3rd trituration of arsenicum, morning and evening. This medicine is further prescribed externally either in the form of a pomade, or in the form of powder containing it in the proportion of a thousandth part. This proportion is usually suitable, but it ought to be reduced if it proves very irritating, or augmented if it is inefficacious.

2. *Ferrum.*—Iron is especially indicated when the constitution is already deteriorated, and counteracts syphilitic anæmia

Ponderable doses ought to be prescribed. Ricord prescribes iodide of iron in enormous doses, and it does well.

3. *Acid nitricum*.—Nitric acid has been employed in all the schools in the treatment of syphilis. In this particular case its pathogenesis corresponds to ulcerations of a bad character. It ought to be prescribed internally from the 3rd to the 30th dilution; it may be usefully employed as a caustic.

4. *Hydrastis canadensis* has not been, as far as I can gather, yet employed in the treatment of phagædenic chancre. But the remarkable effects of this medicament in cancerous ulceration and in lupus vorax, clearly indicates it in the serpiginous ulceration of phagædenic chancre. We should prescribe it internally in low dilutions, and externally in solutions of the strength of one hundredth to one tenth part.

We must not lose sight of the fact that phagædenic syphilis occurs in miserable constitutions and rapidly produces cachexia. A strengthening regime, free air and the sun are here necessary. If the patients can reside in the country or on the sea coast, they should do so with great advantage.

III.—*Treatment of the common form*.—The accidents of this form have been distinguished into *primary*, *secondary* and *tertiary*. From the point of view of treatment there are only two periods: Period of secondary accidents which, for treatment, commences with the hard chancre, and the period of tertiary or late accidents which commences when the affection ceases to be contagious.

The principal medicaments of this form of syphilis are mercury and the iodide of potassium.

In cases, happily very rare, but nevertheless incontestable, where confirmed syphilis resists mercury and iodide of potassium prescribed in sufficient doses, we ought to study the indications of *nitric acid*, *aurum*, *argentum*, *mezercon*, and *lachesis* which have been employed with success in the exceptional cases we speak of.

1. *Treatment of the secondary period*.—*Mercury* is the principal medicament. The modern school joins with it *iodide of potassium*, not so much to cure the affections of the secondary period as to support the action of radical cure of mercury and render certain the radical cure of patients.

This is how, according to Fournier, this treatment ought to be combined:



The mercury ought to be prescribed in doses sufficiently feeble to produce neither salivation nor diarrhœa. It ought to be administered in periods separated by rest, and continued during two years, to be associated with iodide of potassium in the second year, and finally altogether replaced by the iodide in the third and the fourth years. Altogether, four years for the treatment of syphilis.

We enter now into details. The mercury is prescribed for an accident at the beginning; indurated chancre, mucous plates, syphilides, and is continued not only during the whole duration of these accidents, but for some weeks afterwards, that is to say, for two months or two months and a half. At this moment the patient ought to have rest; this rest should be for one month, unless a relapse of the disease should force a return to the treatment sooner. This second course should last for six weeks at most, to be followed by a repose of two months. Then again treatment for a month, and repose this time for three months. A fourth course of mercurial treatment for one month completes one year of treatment. At this time the patient should have rest for four months. At the fifth month of the second year new mercurial treatment for one month to be followed by four months of repose. And finally the last month of mercury leads us to the end of the year of treatment.

I ought to remark that this method of interrupted treatment, which appears so dismaying by its duration of two years, gives but six or seven months of mercurialization, just what is required by Ricord for the treatment of syphilis. I add that a treatment with intervals of repose does not exhaust the patient so much as a continuous treatment of six months' duration.

I have said that to start the commencement of the second year, we ought to add iodide of potassium to the mercury. The iodide during every interval of repose; it should last only three weeks. At the beginning of the third year, the iodide should be prescribed only during two years further, says Fournier. I avow that very often I continue it a longer time.

This is my practice: I prescribe the iodide of potassium for three weeks, followed by a repose of three weeks, then again for three months followed by three months of repose. I have syphilitic patients who take their two seasons of iodide of potassium every

year for at least six years; because when they have been more than six months without treatment they experience osseous pains, exhaustion, and malaise which make me fear an offensive return of the disease.

Such are the general rules for the prescription of mercury and of iodide of potassium in the treatment of the secondary period of syphilis. These rules are certainly not inflexible, and ought to be varied with the constitution and also with the differences which the cases present.

But wherefore have they fixed in a mathematical manner the duration of the treatment of syphilis? Do we not see in it the spirit of system?

The duration of mercurial treatment during two years is based upon this fact of observation that the secondary accidents of syphilis not treated may return during two years; and the continuation of the treatment, at first mixed, followed by iodide of potassium to the end of the fourth year, has its reason in the fact that the tertiary accidents manifest themselves generally three or four years after the primitive accidents.

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### Acknowledgment.

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*The Hahnemannian Monthly.* All the Nos. from January to December, 1882.

We take this opportunity to bring to the notice of the Editors of the following exchange Journals, that we do not receive them regularly, though we have been sending *our* Journal regularly from January 1882; and we trust we shall be favored with all the numbers from January that we have not received. We need hardly remind our colleagues of the mutual advantage of exchange which has been so strongly put by Dr. Hughes in his presidential address at the International Homœopathic Convention of 1881.

*The Cincinnati Medical Advance*, we have received only the numbers from Jan. to May; *The St. Louis Clinical Review*, we have received only numbers from June to Nov.; *The American Homœopath*, the Aug. and Nov. numbers only have been received; *The New England Medical Gazette*, received from Aug. to Dec.; *The Medical Call*, only the July number received; *The New York Medical Times*, the nos. for Sep. and Oct. have only been received.

## EDITOR'S NOTES.

## CONGENITAL DEFORMITIES OF THE DIAPHRAGM.

From a paper by Dr. Bruce Clark read at the last annual meeting of the British Medical Association we see that the following deformities of this structure have been noticed :—

1. Absence of the right or left half, more frequently of the latter. M. Isidore Geoffroy St. Hilaire has related the case of a soldier, "who had weathered many a campaign, had been wounded, had begotten three or four children, but who died, apparently from the description of his case, of an attack of internal strangulation. After death, his heart was found in his right lumbar region, his intestines in his thorax, and his lungs in his abdomen."

2. Misplaced diaphragm, where it is both incomplete and situated higher up the thorax, resembling somewhat the diaphragm of a *Lepidosteus*. In these instances, the lungs were found *below* the diaphragm, and in one instance, the heart was found *outside the thorax and entirely situated in the neck*.

3. The existence of apertures, through which hernial protrusions take place. These apertures, when not enlarged normal apertures, are but lesser degrees of larger deficiencies.

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AN OPERATION UNDER MESMERIC INFLUENCE.

We learn from the *St. Louis Clinical Review* that "at the Homœopathic dispensary in Louisville on November 11, a singular operation was performed on a colored man named Wm. Tell, who was suffering from a large tumor growing on his face and neck. The surgeons attempted, before undertaking the operation for its removal with a knife, to place the subject under the influence of ether and other anæsthetics, but the patient's system refused the influence of the strongest applications. Dr. A. G. Smith, one of the surgeons of the Dispensary, attempted the mesmeric influence on Tell, which was speedily effected, the patient remaining insensible to the pain when a pin was stuck nearly through his hand. The operation of the removal of the tumor was begun at 9-30 a. m., but owing to the size and care, was not concluded until 11, during which time the incision was made, and afterwards the application of the usual means to stop the flow of blood. Tell was kept hypnotised all the time. When the operation had been completed the patient was aroused and stated that he had been

conscious to all that was said and done, but felt no pain whatever. The operation was performed by Dr. Smith and Koehler, of the Dispensary staff. It is causing much comment in medical circles as an improvement on the use of anaesthetics. 'Tell is doing finely.'

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#### THE GROWTH OF CHILDREN IN THE UNITED STATES.

As the results of measurements taken among the public and private schools of Milwaukee, Dr. Peckham, teacher of Biology in the High School of that city, has come to the following conclusions:—

1. The rate of growth in the two sexes is such that the boys are taller until the twelfth year, and heavier until the thirteenth; between thirteen and fifteen the girls are both taller and heavier. After the age of fifteen the boys excel the girls both in weight and stature. Girls nearly cease to grow when about seventeen years of age.
2. Children of *pure* American descent (*i. e.*, when both parents and grandparents are born in the United States) are taller than children of foreign-born parents, but, compared in weight with children of German parents, are, on the whole, lighter. The greater height is largely due to difference in stock or race.
3. For the same reason, children of American parentage (*i. e.*, their parents born in the United States) are taller than those of German or Irish parents; and the Irish are taller than the German.
4. School-children in Milwaukee are taller than school-children in Boston. The weight of boys is also greater; but girls in Boston are very slightly heavier. The superiority in height is probably due to the less degree of density of population in Milwaukee as compared with Boston, the struggle for life not being so severe, and there are fewer urban disadvantages.
5. The height of American-born men is apparently more modified by the conditions accompanying density than by all other influences, race excepted. Urban life, as compared with rural life, tends towards a decrease of stature. The forces here referred to act at all ages from five years upwards.
6. The rate of growth of Germans is markedly modified by residence in this country through one generation. In intermarriage between Americans and Germans the offspring seems to take the height of the taller parent.
7. The growth of the body and of the lower extremities takes place in such a way that the length of the body of the girl is less than that of the body of the boy until the tenth year, and thereafter greater until the sixteenth. From fifteen to eighteen the bodies of girls grow only two inches, and the bodies of boys over four inches. The lower extremities are longer in girls at

nine, and shorter at eleven, and from twelve to fourteen again longer. At fourteen the lower extremities of girls almost cease growing, while those of boys increase by four inches between the ages of fourteen and nineteen—*Boston Med. Journ.* (Sep. 28) quoted in *Med. Times and Gaz.* (Dec. 2. 1882).

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## CLINICAL RECORD.

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### *A Case of Obstinate Constipation cured by Silicea.*

BY BABU GRISH CHANDRA DATTA, L.M.S.

X——Son of Babu——of Pykeparah, aged 3 years. This child was born with an imperforate anus which was operated by an assistant surgeon the day after his birth; after the operation his bowels were washed out by an enema of tepid water; since then he was not able to pass stool naturally. The very best medical advice was taken, purgatives, laxatives, and tonics were administered and medicated enemas were given, with the effect of relieving the bowels for the time being, without any permanent benefit. This plan of treatment was followed for nearly a year, afterwards he was treated homœopathically for sometime, *Alumina*, *Opium*, *Hydrastis*, *Ammonium muriaticum*, &c., were given; some of these medicines did relieve the bowels but their actions did not continue to give the same benefit as when first administered, consequently no permanent good was done and the bowels again became constipated. When the child was about a year and half old he was sent for a change as advised by the medical attendants, and was left entirely to nature, but these means did not relieve him from his illness. Every sixth or seventh day, when the abdomen became very much distended and hard by the accumulation of hard fæces, an attending maid-servant used to introduce her finger into the anus and get out some hard fæces, by doing this he was slightly relieved, and in this way he was kept up to this age. I was called on the 5th of May 1880; then the child was aged 3½ years, he was pale and emaciated, abdomen enormously distended and hard as stone, the whole of the abdominal cavity was filled up with hard fæcal balls distinctly perceptible to the hand. Whenever he had the call to stool he used to run away from place to place to avoid the agony of passing it. The appetite was very poor.

*Treatment:* In order to accustom him to sit on his legs when he

had calls for stool, and also to stimulate the intestinal canal, I ordered cold water injections morning and evening, and considering that the operation for imperforate anus might have been the cause of this trouble, I gave *Calendula* and *Arnica*: diet, rice and vegetables.

6th May, 10 A. M. No relief. I administered the enema myself; a few hard balls came out with the injected water. *Sulphur* 30, twice daily: diet the same.

7th—Much the same. *Hydrastis* 1st, enema continued, the child used to sit on his legs after the enema to expel the injected water.

8th, 10 A. M. I injected cold water into the rectum and kept it in for a quarter of an hour; he sat on his legs to evacuate the bowels; when all the water came out he began to strain, but notwithstanding the straining, the stool receded. I therefore at once prescribed *Silicea* 30, twice daily: diet continued.

9th—Two hours after taking the first dose of the medicine he passed an enormous quantity of hard faeces, and after the second dose he had two stools in the night which were not so hard as the one in the morning. *Silicea* was continued once a day for three days: diet continued.

13th—The father reported to me that his child was doing very well in all respects, he was getting two stools daily, and that his appetite had also much improved. I gave him instructions to give him a dose of the medicine now and then when his boy shall get any tendency to constipation. Since then the child had not the least tendency to constipation these last three years.

#### *Remarks.*

If I had not administered the enema myself, and watched the result, the peculiar symptom for which I selected *Silicea* would never have been noticed, and had it not been for *Silicea* the child would in all probability never have been cured.

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#### *A Case of Suicidal Mania cured by Aurum Metallicum.*

BY BABU BRAJENDRA NATH BANERJEA, L.M.S.,

*Medical Practitioner, Allahabad.*

Babu R. .P. M., a religiously disposed, middle aged man, formerly a student of the Calcutta Medical College, consulted me last year about his complaints. He said that in the night he sobs aloud when asleep, gets frightful dreams, and feels a sense of fatigue on walking in the morning. His most troublesome complaint was that he desired to end his existence by hanging. This desire he used to get when he

would be left alone. He is a married man and father of several children, not at all tiresome of life. He had no fearfulness, neither any palpitation of the heart or anguish, but he was full of rash anger and vehemence—the least contradiction used to excite his wrath. He is not at all hypochondriac, on the contrary he is very intelligent, dutiful and cheerful. He himself, being a homœopath, had tried several medicines, such a *Bell.*, *Nux v.*, *Sulph.*, &c., but to no effect.

I prescribed *Aurum m.* 3 *trit.*, one grain thrice daily for a week. After a week he reported me that he had slept soundly, his temper was better, and above all he had no tendency to hang himself. He insisted upon my continuing *Aurum* for a few months. Instead of acceding to his request I prescribed *Saccharum lactis* one grain thrice daily for a fortnight, and asked him to report at the end of that time. He is now perfectly cured and practising in the district of Jessore.

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*A Case of Fear of Death when left alone in certain rooms  
of a House cured by Valeriana off.*

BY BABU BRAJENDRA NATH BANERJEE, L.M.S.,  
*Medical Practitioner, Allahabad.*

A Hindusthani lady, æt 26, who menstruates irregularly, came under my treatment for a very severe headache on one side of the forehead. This lady is subject to acidity and heart-burn for a long time. She always sees frightful dreams, and even she fancies she sees apparitions in the day time when she enters certain rooms in her father-in-law's house. She speaks intelligently and narrates her stories of apparitions with a degree of warmth and fear quite peculiar to patients whose complaints are disbelieved by relatives. Her headache used to be severe by the movement of the eye-balls. She gradually lost appetite, and there was aversion to all kinds of eatables. She gets hard stools and occasional flatulence with colicky pain on the left iliac region which often becomes tender on pressure. There was intense lumbar pain and cutting pain over both the kidneys. She also used to pass urine constantly and in large quantities. She always used to get empty eructations as well as gulping up of sour fluid with good deal of nausea. She also gets a kind of bruised pain all over her limbs after a bath or the blowing of an easterly wind. There was nothing abnormal in the urine.

The nature of her headache, hard stool, flatulency, painful dreams, &c., pointed to opium as the suitable medicine. She took *Opium* 6,

morning and evening, for a week with partial relief to some of her symptoms, viz., flatulency, constipation and headache. Her fears remained as bad as ever. Her acidity, lumbar pain, frequent emission of urine, nausea, empty eructations and pain in her limbs, on subsequent examination of the *Materia Medica* pointed to *Valeriana* off. as the best indicated medicine. She took it for a fortnight with complete disappearance of all these distressing symptoms. She came under my treatment on the 7th October 1882, and only the other day I was told that she now laughs over her former fears and visions of apparitions. The irregularity of her menses has not been corrected yet, her time comes on every three weeks.

*Remarks.*

This case was a peculiar one, inasmuch as the patient used to see apparitions in the daytime and only in certain rooms. All her symptoms closely corresponded with those of opium, but it gave her only partial relief. The symptom of seeing apparitions in the day time does not occur as far as I know in the provings of any medicine. Having failed to relieve the patient by opium I selected *Valeriana* off. for the severe lumbar pain, empty eructations and pain in all the limbs. With the disappearance of these symptoms the seeing of apparitions also disappeared completely and permanently. With the exception of this last symptom there was nothing to suspect hysteria in this patient.

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*Cases of Diarrhœa cured by Calcarca Carbonica.*

BY BABU AKHIL NATH PAL, L.M.S.,

*Medical Practitioner, Bâli.*

*Case 1.* K. C., aged 19 days, came under my treatment on the 7th August 1882. She was brought up by the hand from birth, her mother being incapable of fulfilling her duties owing to ill health. Since the second week of her birth, her bowels became loose. I was called on the 19th day. The baby was very much weak, lying almost lifeless, with sunken and half closed eyes, sallow cheeks, mouth drawn, fontanelles widely separated, passing frequent, copious, watery, fœtid stools of varied color. urging during stools, aggravations in the night, extremities icy-cold, abdomen tympanitic, pulse low.

Treatment:—*Chin.* 6, and *Ipecac.* 6, were given in succession without any benefit. The progress of the disease was at once arrested by *Calc. c.* 6, which was continued for a fortnight, one dose a day,



and the child was restored to sound health.

*Remarks.*

*China* failed to do any good in this case, notwithstanding that its characteristic symptoms of "tympanites," foetid stools, and nightly aggravations were present. *Calc. c.* was selected by the one symptom "wide fontanelle," and it alone effected the cure.

*Case 2.* This child, aged two months, was born healthy. From the third week, it began to take excessive nourishment, a craving for food was created which nothing could satisfy, diarrhœa set in, and it dwindled and fell away even in the midst of plenty.

I was hastily called on the 12th August. The child was passing frequent watery stools, was very restless, screaming constantly, tongue coated white and dry, very thirsty, sunken eyes, pallor and dark color of the lips and skin surrounding the mouth, anterior fontanelle depressed and pulsating, extremities cold.

Treatment:—*Verat.* 6 every four hours.

13th. Had taken four doses of *Verat.* Number of stools less, getting convulsions from early morning, crying incessantly, with momentary cessation when water is offered.

*Cham.* 12, three doses every hour, failed to stop the fits. *Bell.* 30, four doses, every hour.

14th. The intensity of the fits lessened after two doses of *Bell.* had been taken, and they were stopped after four doses. But the diarrhœa still continued. *Calc. c.* 6 thrice daily.

15th. Little better, number of stools less, appetite still voracious. Cont. *Calc. c.* 6. *Diet:* Barley-water.

16th. Much better; cont. *Calc. c.*

18th. Reports all right; cont. *Calc. c.* 6 for a fortnight, one dose a day.

*Remarks.*

This was a typical case of what is called "infantile marasmus," in which in spite of plenty of nourishment the child slowly emaciates. Though the number of stools were lessened by *Verat.* and the convulsions were arrested by *Bell.*, the diarrhœa could only be checked by *Calc. c.* which was a true *similimum* in this case as it presented the following essential symptoms:—"chronic diarrhœa in children with open fontanelles," "voracious appetite during diarrhœa."

# . THERAPEUTICS OF CONSTIPATION, DIARRHŒA, DYSENTERY, AND CHOLERA.

## 40. BROMIUM.

### **Constipation :**

1. St. like sheep-dung, with pressure in the stomach and abd.
2. St. in the forenoon hard, tough, brown and glistening ; it breaks to pieces like sheep-dung.

### **Diarrhœa :**

1. St. in the beginning more constipated than usual, then two stools in each day thinner and more copious than usual.
2. Repeated pasty sts. Several pasty sts. throughout the day, twice at night.
3. Obligated to rise twice at night on account of thin sts., if he took it after the morning hours (from 20 drops daily).
4. Thin, diarrhœa-like st., an hour and a half after 13 drops.
5. Diarrhœa-like st., *bright-yellow*, preceded by cutting and rumbling in the abd. (from 5th to 7th day, from 3rd dil.)
6. D. of *black* fœces and painful hæmorrhoids (latest action).
7. Violent D. relieved by black coffee.
8. D. after every meal ceases, but returns after eating oysters.
9. Mucous, somewhat D.-like st., with much wind, the 2nd and following days (from 1st dil.)
10. Severe urging to st., with which much more wind than fœces is passed at 2 P. M., following the natural morning st.

### **Aggravation :**

1. After meals.
2. After eating oysters.
3. From acids.

### **Amelioration :**

From black coffee.

### **Before St :**

1. Aching in stomach.
2. Cutting and rumbling in abd.

### **During and After St :**

Pain in blind hæmorrhoids.

### **Rectum and Anus :**

1. Fine stitches in the anus ; tickling in anus ; itching-crawling in anus, as if something living were moving in it.
2. Blind hæmorrhoids, which pain severely, are aggravated by washing either with cold or warm water ; they disappeared after nux and sulphur, but returned in fourteen days very painful, nux and sulphur did not relieve, and capsicum internally and application of saliva externally relieved.

### **General Symptoms :**

1. Desire for mental labor.
2. Headache after drinking milk. Headache, heaviness in the occiput, in the heat of the sun, goes away in the shade.
3. Sweetish taste ; salty taste, even of the water in the morning

fasting ; sour taste ; sweetish taste ; intensely bitter taste ; acrid offensive taste.

4. Desire for acids, which aggravate the symptoms and cause diarrhœa. Aversion to the customary tobacco-smoking, which causes nausea and vomiting.
5. Very frequent eructations, with rumbling in abd.
6. Nausea towards evening, better after eating.
7. Offensive vomiting ; excessive retching, better after *Lach.*
8. A kind of contractive pain in the stomach at 11-30 A. M., disappears after eating.
9. Violent pain in the epigastric region, worse upon pressure, relieved by bending forward, with distended abd., and flushes of heat from back.
10. Decided pain in the region of the liver, especially on pressure and riding.
11. Tympanitic distension of abd. and passage of much wind.
12. Pain in the abd. and small of the back, with passage of much flatus, as was the case during menstruation.
13. Urine scanty, dark and turbid, with a red or whitish sediment.
14. Urine becomes cloudy and decidedly ammoniacal after one hour. Urine contains large flakes of mucus.
15. Dribbling of urine after urinating.
16. The whole body is very much affected and weak, continuing for a long time after all the other symptoms had disappeared.

**Remarks :** As the symptoms indicate, **bromine** ought to be useful both in constipation and diarrhœa, but so far as our information goes it has not yet been used by homœopathic physicians in these affections. Might not there be croupous inflammation of the intestines, small and large, just as there is of the air-passages, and even of the mucous membrane of the uterus ? If there is such a disease, **brom.** should certainly be able to remedy it, though its pathogenesis, as hitherto observed, does not point in that direction.

**Gleanings from Contemporary Literature.****ON THE VALUE OF EYE-SYMPTOMS IN THE  
LOCALISATION OF CEREBRAL DISEASE.**

*Read in the Section of Ophthalmology at the Annual Meeting of the  
British Medical Association in Worcester, August 1882.*

By E. NETTLESHIP, F.R.C.S.,

Ophthalmic Surgeon to St. Thomas's Hospital.

THIS subject, which might, I feel sure, have been much more appropriately introduced by a physician, presents itself to an oculist somewhat in the following form.

How far can one, who is engaged in treating ophthalmic cases, contribute to the diagnosis of intracranial or intraspinal disease? For my own part, on the present occasion, I propose to keep almost entirely to the question of intracranial disease, though I would by no means wish to see diseases of the spinal cord excluded from the discussion. Whether we include diseases of the cord or not, the whole subject naturally falls into two divisions, according as disturbances of vision and sensation, or affections of ocular movement, cause the symptoms we have to examine; and in each division, we must distinguish, as far as possible, between eye-symptoms due directly to peripheral changes, and those caused by disease of the oculo-motor or visual centres.

**A. Visual and Oculo-Sensory Disturbances.**—It is not necessary to occupy much time in discussing double optic neuritis (papillitis): for double optic neuritis very seldom helps us to decide where a brain lesion is; and it lies beyond our present subject to ask what aid this condition gives us in deciding the nature of the disease. The occurrence of optic neuritis with meningitis points to the meningitis being basic; it is, according to all observers, rare in meningitis of the convexity. In regard to tumour, it is worth asking whether papillitis occurs more commonly, or comes on earlier, when the tumour is at the base, or in the anterior part of the brain, than when situated in the cerebellum, or posterior parts of the cerebrum. I do not know whether any statistics on this point exist; it is obviously a question on which the collection of good evidence would be full of difficulties. Unilateral papillitis sometimes occurs in cases of coarse brain-disease, and has some localising value—generally coming on, so far as recorded cases tell, in the eye opposite to the lesion. It is of importance that all cases should be carefully observed and recorded; and it would be well to include, as possibly bearing on the subject, cases in which the papillitis, though eventually double, takes place in one eye long before, or much more severely than in the other; also cases of double and equal papillitis, where sight is much more affected in one eye than the other. I have seen a case (Miss K.), in which a tumour in the postero-inferior part of the right anterior lobe, adherent to the bone, had caused severe pain, chiefly on the right side of the face and head; then she had simultaneous double papillitis, with early extreme defect of sight in the right eye, but no failure of vision in the left till a year later. Here, contrary to the rule, the neuritis was worst on the side of the lesion. In another case, the only lesion was softening of the under surface of the left frontal lobe, with adhesion of the softened part to the dura mater, and atrophy of the left optic nerve; the symptoms had been severe pain in the left side of the head and face, followed by fits,

with convulsion of the opposite arm ; then, about two months later, recurrence of pain in the left head, with rapid blindness of the left eye without changes, and papillitis of the right without failure of sight ; the left disc slowly became atrophied, the right recovered. (Alice S., originally in my hands, then under Dr. Bristowe's care ; *post mortem* examination by Dr. Greenfield.) Although, in the first case, the papillitis was worst in the eye on the side of the lesion, and in the second was present only in the opposite eye, it will be observed that, in both cases, sight was affected most on the same side as the lesion. Dr. Gowers has recorded two cases bearing on the subject. In one (*Medical Ophthalmoscopy*, Case 17), a man had fits, with temporary weakness of the right arm, followed by pain on the right side of the head and face ; then papillitis of one eye, passing off, and leaving the disc healthy, but sight defective ; later, simple atrophy of both discs. In Gowers's second case, there was left hemiplegia, from embolism of the right middle cerebral artery, and consequent softening of the corpus striatum ; there were redness and haze of both discs, this change being more marked and lasting much longer in the right eye (*i. e.*, on the side of the lesion).

Cases of single optic neuritis from brain disease, with or without affection of sight, have to be distinguished from two other well known varieties in which the disease is not situated further back than the optic foramen. We meet with cases in which one eye fails with pain on the same side of the head, usually in the temple or at the back, sometimes also "behind the eye," and there may be pain in moving the eye. The pain and the amblyopia may both be slight, or both may be severe. In some cases the eye becomes quite blind, and when this occurs I have never yet seen it improve materially. At first the disc looks healthy, or sometimes shows some haze. In a few weeks, unless the defect of vision passes off, it becomes more or less atrophic. Neither vomiting nor cerebral symptoms occur, and the pain, though sometimes very severe, never becomes general ; it is often called "neuralgic" or "rheumatic."

I have never seen the second eye suffer. In one case of this kind, my patient had previously suffered from Bell's paralysis of the opposite facial (*Lancet*, 1880, i, 765). Another patient, Miss B., had had a severe attack of sciatica, followed by numbness and weakness of the limb. Mr. Hutchinson published cases of the same kind many years ago, and drew a comparison between some of them, and cases of infantile paralysis (Hutchinson, *Ophthalmic Hospital Reports*, iv, pp. 381 and 120). It seems to me more likely that a rheumatic inflammation of the optic nerve occurs, probably in its course through the optic canal. In the other group of cases, we find severe papillitis with very great venous engorgement, with failure of sight, sometimes considerable in degree, and, as in the previous group, pain on the same side, but no cerebral symptoms. Probably the inflammation in these cases is always communicated to the optic nerve sheath from the orbital structures ; orbital disease, either cellulitis or tumour, can, indeed, often be proved. I believe that the signs of œdema and venous stasis are usually more marked in the cases of this group, than in papillitis from intracranial disease.

In the present state of knowledge it would seem, from what has been said, that papillitis, with other symptoms of brain-disease, tells us something of the seat of the brain-lesion if it be single, if the second eye do not suffer until after a considerable interval, or if papillitis in one eye be accompanied by failure of sight, without immediate change in the disc, of the other.

Passing from inflammation to primary atrophy of the optic nerve, we here also fail to gain much help in localising brain-disease. I believe that atrophy following pressure on the chiasma, whether by tumour or by fluid

distension of the third ventricle, presents nothing pathognomonic, either in its course or appearances.

I would like to ask here whether optic atrophy is often met with in chronic hydrocephalus, as is sometimes stated. I do not remember ever making the diagnosis. It is certainly possible in some, though by no means in all, cases of atrophy not preceded by papillitis, to distinguish between "spinal atrophy" (where the disc is often opaque and greyish, and the lamina cribrosa concealed), and atrophy secondary to injury, pressure, or destructive inflammation far above the eye, in which the lamina cribrosa is often exposed, the disc somewhat cupped, and its colour less grey than yellowish. But these differences are far from constant, and give no aid in localisation of brain-disease. Nor is it always possible to say whether atrophy has been preceded by papillitis or not.

In regard to the mode of failure of vision in optic atrophy, and its possible bearing on our present subject, the state of our knowledge leaves much to be desired. For example, colour-blindness does not seem to occur in any constant relation, either to loss of vision, or loss of visceral field, in optic atrophy. Some cases have very recently been recorded, which seem to point to the consciousness of colour depending rather on the special endowment of some part of the brain than on any differentiation of the retinal or optic neural structures. Three of these are cases of loss of colour-sense in one half of the field of vision with no loss of acuteness of sight in the affected part—Bjerrum,\* Samelsohn,† H. D. Noyes.‡ Noyes's case presented partial optic atrophy with Argyll Robertson pupils and shooting pains. In one eye there was high amblyopia, with almost complete colour-blindness; in the other absolute colour-blindness in one lateral half of the field only, acuteness of sight being normal over the whole field. But cases are not wanting which seem to show that colour-defect, even when limited to one half of the field, may be due to changes in the optic nerve. In the same paper, Noyes relates another case of hemiachromatopsia of the nasal half of each field, with glaucomatous cupping of the discs, the temporal halves of the fields, as in most cases of glaucoma, being normal. I have myself recorded two cases of injury to the optic nerve, in one of which colour-perception was enfeebled, whilst in the other, with about the same visual acuteness, it was perfect (Steffan, *Gräfe's Archives of Ophthalmology*, 27, 2, p. 11). Steffan (*St. Thomas's Hospital Reports*, xi, p. 113, Cases I and VII) has given a case of colour-blindness, with very slight defect of visual sharpness, following an attack of giddiness, in an old man. The sight became quite perfect, and colour-perception improved; but some defect for green remained as long as four years after the attack. This case, which has been a good deal quoted as proving a colour-centre, certainly deserves attention, though it is not convincing. Colour-blindness is nearly always very marked in optic atrophy, associated with locomotor ataxy, yet it is probable that in these cases the changes being at the ocular end of the nerve. It is clear, therefore, that failure of colour-perception, in its bearing on cerebral localisation, needs further study; and the point is one towards the solution of which we, as specialists, ought to be able to contribute.

I wish now to ask attention to a different subject. All ophthalmic surgeons know the cases often called "spurious glioma," in which a young child loses an eye with iritis and the clinical appearances of either detached retina or lymph in the vitreous body, followed by shrinking of the globe

\* Bjerrum *Hospitals-Tidende* R. 2, B. 8, p. 41 (referred to in a paper by Dr. Berry, *Edinburgh Medical Journal*, February 1882).

† Samelsohn (of Cologne), *Centralblatt für Medicinischen Wissenschaften*, 1881, No. 47 (referred to in Knapp's *Archives of Ophthalmology*, xi, 217).

‡ Noyes, *Knapp's Archives of Ophthalmology*, xi, 210, 1882.

and secondary cataract. This clinical group includes several pathological processes. Some of the cases are, no doubt, instances of severe infantile syphilitic eye-disease; a few may possibly be the results of injury. On dissection, we may find intra-ocular hæmorrhage, inflammation of the vitreous body, or detachment of the retina secondary to irido-choroiditis (Nettleship, *Pathological Transactions*, xxxi, 1880; Brailey, *Guy's Hospital Reports*, 1881, p. 497). The interesting point for our present purpose is, that severe cerebral symptoms sometimes occur just before the eye becomes blind with inflammatory symptoms. The two following cases are taken from amongst several others. D. B. brought me his little girl, aged eighteen months. The left eye was congested, and very soft; there was no anterior chamber; the iris was adherent to the lens-capsule. Three months previously, she had been taken suddenly ill, with quick breathing, dilated pupils, "glazed looking" eyes, and unconsciousness; there were no convulsions. She was seen by a high authority upon diseases of the nervous system. The temperature was 103-104° Fahr. for a fortnight; and two or three times it was thought she would die. Very early in the illness, the left pupil was smaller than the right, and the eye red, and soon afterwards a "fiery" reflection was noticed from deep in the eyeball; there was no proptosis. The child remained ill for three or four months. Soon after the onset, whooping-cough developed, and the relation between it and the severe cerebral symptoms and ocular inflammation was not clear. In another case, a little girl (Julia B., 3½ years), who had had bronchitis and measles one year before, and whooping-cough six months before, began to suffer one month ago from pain in the head, chiefly in the left forehead; a few hours later, convulsions set in, and she became, and is said to have remained for a week, totally unconscious; on the third day, the left eye was swollen and inflamed, and the iris discoloured; the child continued to have severe pain "in the eyeball" for another week, and then quite recovered. When I saw her, the left eye was soft, the periphery of the iris retracted, and a yellowish-red reflex, devoid of vessels, was seen from behind the clear lens. In the first of these cases, the eye-disease seems clearly to have been secondary to the cerebral attack; in the second case, the pain is said to have been all along localised on the side of the bad eye, and the question perhaps arises whether the convulsions and unconsciousness (which I have on the authority of Dr. Soper of Clapham Road) could have been merely symptomatic of the local affection of the eye. I do not myself think so; but the question is open for consideration. In regard to these cases of pseudo-glioma with brain-symptoms, we want to know what changes, if any, occur within the skull. I do not know whether these children ever die. If meningitis occur, is there anything unusual in its seat or its nature, and why does the child show this peculiar eye-disease instead of suffering from double optic neuritis? We may here remember that a form of choroiditis or panophthalmitis sometimes occurs in epidemic cerebro-spinal meningitis, and rarely after various infective diseases. The questions of pyæmia and of cerebral thrombosis have also to be considered in connection with such cases.\* It may here be observed that, in the rare cases where a patient has died with purulent meningitis after panophthalmitis, or suppuration in the orbit, it has often been impossible to find any visible continuity between the orbital and the meningeal diseases.†

I pass to another subject. It is not uncommon to meet with cases of blindness without visible changes in infants. I formerly thought that the

\* See Hutchinson, *Ophthalmic Hospital Reports*, viii, 146; also cases by the author in *Medical Times and Gazette*, 1880, i, p. 63.

† Harlan, *Transactions of the American Ophthalmological Society*, vol. II, page 542. See also a recent case by T. P. Teale in *Brain*.

prognosis was necessarily fatal as regards sight. But, more lately, I have seen recovery of sight, apparently perfect, take place in several cases after the children had "taken no notice," and had had inactive pupils for several months. Some of these patients have shown signs of slight chronic hydrocephalus; but others have, so far as I could judge, been free throughout from all signs and symptoms of brain-disease. Is not recovery from infantile amaurosis commoner than some of us have thought? and to what is the blindness attributable when there are no signs of hydrocephalus? In another form of amaurosis in infants, we find extreme disorganisation of the choroid in the form of immense patches of atrophy, with grey membrane and accumulations of black pigment. In one of my own cases, the head was at first very small, but afterwards enlarged to an immense size.\* Two cases of extensive choroidal atrophy in microcephalic infants recorded by Hutchinson (*Ophthalmic Hospital Reports*, v, 34. Cases 4 and 8) were most likely of the same nature. I believe that Dr. Barlow has found chronic hydrocephalus after death in one such case which ended fatally. Does the occurrence of this form of infantile choroidal disease, which is quite different from anything we commonly recognise as syphilitic, point to any particular variety of hydrocephalus?

We come now to cases of affection of sight without ophthalmoscopic changes, in which the cause is undoubtedly cerebral; hemiopia or hemianopia, defect of sight with hemianæsthesia, and other forms of cerebral blindness. First, as to temporal hemianopia (loss of the outer half of each field), the symptom has, in rare cases, been proved to be due to tumour at the anterior part of the chiasma (*Saemisch*, E. Müller). These and the cases of hemianopia alluded to below have been collected and analysed in much detail by Dr. Wilbrand of Hamburg. *Hemianopsie und ihr Verhältniss zur topisch. Diag. der Gehirkrankh.*, 1881. That temporal hemianopia, however, does not necessarily point to disease in this situation, is shown by a case lately published by Dr. Baxter (*Brain*, January 1882), and which I had the opportunity of examining during life, where, *post mortem*, no lesion of any kind could be detected by the naked eye (except condensation of the vault of the skull). It may be observed that, in some cases of spinal optic atrophy, the invasion of the visual field is remarkably symmetrical in position in the two eyes, showing exact bilateral symmetry in the seat of the lesion, whether this be in the centres or at the optic discs. In two such cases, I found the lower and inner quadrant of each field lost. Many of the more important cases will be found repeated in all essentials in Ferrier's article on Cerebral Amblyopia and Amaurosis in *Brain*, No. xii; and in the *Periscope of the Ophth. Hosp. Repts.*, vols. viii and ix.

The ordinary homonymous hemianopia (loss of the right or of the left half of each field of vision) has furnished and will continue to supply very valuable evidence of the locality of the lesion producing it, though the discovery of the cortical visual centres has widened the area within which such lesion may be expected to be found. 1. The fact that homonymous hemianopia occurs from destructive lesion of one optic tract demonstrates the semidecussation of the optic nerves at the chiasma in man. Cases of this kind, with good *post mortem* localisation of the lesion to the region of one optic tract, are rare; the best of them being, I believe, by Hjort, Dreschfeld, Gowers, and Hirschberg. 2. Several cases in which the lesion has involved the region of the corpora geniculata and the posterior part of the optic thalamus are also on record (Jackson, Dreschfeld). 3. And it has now been shown, further, in several cases, that lesions of the cortical or

\* The first part of this case was published in *Ophthalmic Hospital Reports*, vol. viii, p. 518.



subcortical structures (posterior part of internal capsule) in the region of the angular gyrus and occipital lobe, may produce homonymous hemianopia. (Huguenin, Westphal, Pooley, Hughes, Baumgarten, Curschmann, Dreschfeld, and especially Haab.) It does not appear that we have at present any means of determining during life, by the characters of the hemianopia, in which of these three regions the lesion is seated. Ferrier (*Brain*, No. xii, 473) suggests that, in tract-hemianopia, the loss of field may be expected to come quite to the fixation point; whilst, in cerebral hemianopia, it may be expected to stop short of the fixation point by several degrees, leaving thus a small area of central vision perfect. If this distinction be trustworthy, we may, I think, say with some confidence that tract-hemianopia must be very rare, and cerebral hemianopia the rule; for in homonymous hemianopia a small area of central vision is almost invariably present. I have never been able to feel sure that it was absent. Ferrier quotes Gowers's case of tract-lesion as one in which the dividing line passed through the fixation point; but I have Dr. Gowers's authority for saying that, in the case referred to, no precise map of the field was made on the perimeter; and certainly no less rigorous test could be accepted on so delicate a point. Other clinical evidence of the rarity of disease of the optic tract as a cause of hemianopia may be adduced. Hemianopia, though it may be simple, is very often associated with hemiplegia. Indeed, Gowers (*BRITISH MEDICAL JOURNAL*, 1877, vol. ii, p. 729) says that temporary hemianopia is extremely common in the early period of attacks of hemiplegia; Ferrier thinks this temporary hemianopia may be caused by temporary pressure on the optic tract—an explanation which, though I cannot presume to criticise it, does not strike me as probable. It is important to note that what we call hemianopia is in numerous cases really a tetrato-anopia: loss of a quarter of the field or of a precisely bounded section between a quarter and a half. Now, in some of these there is paralysis of the limb corresponding to the blind gradient, *i. e.*, following Hughling Jackson's law that in lateral hemianopia with hemiplegia the patient cannot see to his paralysed side, we have cases of tetrato-anopia in which he cannot see his one paralysed limb. I have seen a case illustrating this so far as the leg is concerned;\* and I dare say physicians see many such. Loss of the upper quadrant alone also occurs;† but I am inclined to think that it is less common than loss of the lower quadrant. I do not know whether loss of an upper quadrant often occurs with isolated paralysis of the arm; but one case showing this coincidence has been published by Bernhardt, and will be found in abstract in *Brain*, part xviii. No single lesion involving the optic tract could account for paralysees so precise yet so limited and so physiologically associated as these.

Again, in homonymous hemianopia, it is not uncommon to find also some peripheral restriction of the remaining half of each field; this may be greater in one eye than in the other, but from such cases as I have been able to refer to (including several of my own) it does not seem that the eye with the greater restriction always bears the same relation to the lesion.

Then the hemianopic loss of field is by no means always exactly equal in the two eyes; and this inequality, like the peripheral limitation just mentioned, does not seem to stand in any constant relation to the site of the lesion. Both these features in hemianopia cases deserve further attention. They could not easily be accounted for by lesion of the optic tract. But if, as the latest experiments seem to show (Fournier and Yeo think), lesions of the occipital lobe cause lateral hemianopia, whilst damage to the angular

\* This patient (Wm. C.) has been to many hospitals, and his case has lately been recorded by Dr. Berry (*Edin. Med. Jour.*, February 1882.)

† See cases by Claeys in *Annales d'Oculist*, T. 80, 1878; and others.

gyrus gives rise to crossed blindness, it is probable that variations in the seat and extent of disease, affecting these contiguous parts of the visual centre, might account for variations in the resulting hemianopia. I have lately seen a case, under the care of Dr. Bristowe, in which, together with symptoms thought to be suspicious of threatened general paralysis, there was word-blindness and homogeneous hemianopia, with no ophthalmoscopic changes; here all the symptoms point to cortical disease.

Finally, the rarity of decided atrophic changes at the optic discs, in cases of homogeneous hemianopia, even of long standing, points strongly against the tract being the seat of the lesion. The recently discovered cases of hemi-achromatopsia, already referred to, also seem to have a most important bearing on the localisation of the visual functions in the cortex; it is not unlikely that these cases may be found to be common, if sought.

Other pathological evidence is beginning to accumulate in favour of a cortical visual centre, and of its being seated in or about the occipital lobe. Thus, at least four cases are on record of double cerebral amaurosis, in which both occipital lobes were found implicated after death.\* In one of them (Nothnagel's), hemianopia had occurred first. Again, according to Bastian, thrombosis of the posterior cerebral artery not unfrequently causes impairment of vision of the opposite eye, due, as Ferrier suggests, to interference with the cortical centre. A few cases are on record in which one eye was blind, and the other hemianopic in connection with chronic cerebral disease.† In only one of these cases, by Ross, has a *post mortem* examination been obtained; here a tumour was found pressing on the corpora quadrigemina, and most on the side opposite the blindness; the localising value of the eye-symptoms here, however, was lessened by the presence of double optic neuritis. This lateral failure of sight has been seen in general paralysis, with lesion involving especially the occipital lobe (Fürstner, according to Ferrier‡).

We should expect to meet with cases of unioocular amblyopia or amaurosis from cortical lesion, without ophthalmoscopic changes, and uncomplicated by hemi-anæsthesia, just as we meet, not uncommonly, with hemianopia, probably cortical, without hemiplegia. It would be very interesting to know whether such cases occur; and, if so, whether they are rare. I have seen two in which such an explanation seemed highly probable.

It is most important, in reference to localisation, to note the state of the pupils, in all cases of damage or loss of sight from brain-disease. Loss of reflex pupillary action indicates damage not higher up than the corpora quadrigemina, whilst blindness with active pupils points to disease in the cortex or subcortical structures (internal capsule).

Megrim is a malady, the study of which may help towards localisation; the association between its ocular symptoms, and other occasional symptoms of one-sided nervous discharge, or irritation, being worthy of more detailed investigation.

With regard to the fifth nerve, the only questions which occur to me are: 1. Whether shooting pains in the territory of this nerve, in cases of progressive optic atrophy, have the same value for the diagnosis of locomotor ataxy as lightning pains in the legs? and 2. If so, can we infer that the degeneration is beginning in the cervical region, instead of lower down, and has this any value in prognosis? If we may count such cases as probably ataxic, the number of uncomplicated optic atrophy cases will be diminished—since progressive atrophy, with no other subjective symptoms than

\* Nothnagel, Griesinger, Moore, Chvostek; quoted by Wilbrand, *loc. cit.*

† Gowers, *Medical Ophthalmoscopy*, Cases 30 and 55; Berry, *Edinburgh Medical Journal*, February 1882, Fig. 9; Ross, *Brain*, No. viii, p. 569.

‡ Ferrier, *Localisation of Cerebral Disease*, p. 132.

shooting pains in the head, is not very uncommon. While on this point, I may mention that I have found that about 20 per cent. of my cases of progressive optic atrophy presented no other symptoms, either objective or subjective, pointing to disease of the cord or brain; in about 80 per cent., some such symptoms were present; (the total number of cases on which this statement is based was fifty-eight). Herpes zoster of the fifth nerve may be mentioned as a malady of which our pathological knowledge is incomplete. When, as sometimes happens, it is associated with paralysis of neighbouring cranial nerves (*e. g.*, the third and the facial), we seem driven to assume a central, or, at least, thoroughly intracranial, affection.

**B. Motor Disturbances.**—In considering the motor paralyses of the eyeball, in reference to localisation of cerebral disease, we should endeavour to distinguish between cases due to affections of (1) the nerve trunk; (2) the lower centres (nuclei of origin); and (3) the higher (cortical) centres, for complex co-ordinated movements. I do not pretend to have mastered a title of what has been written upon this complex subject, especially upon the last-named division—that of the disorders of associated movements. The writings of Prevost, Hughlings Jackson, Priestley Smith, and Landouzy, upon lateral deviation of the eyes; and those of Hutchinson, Gowers, Buzzard, Allen Sturge, Ormerod, and others, upon the varieties of ophthalmoplegia, are, no doubt, familiar to most of my hearers. I will, however, raise a few questions which seem suitable for further investigation.

**Isolated Peripheral Paralyses** (cases in which the muscles, supplied by only one nerve trunk, are paralysed). I suppose we have no means of diagnosing the position of a syphilitic node on the trunk of the fourth or sixth nerves; and, as for the third nerve, it is only in the comparatively rare cases, where a single muscle is picked out, that we may guess its nerve-branch in the orbit to be the probable seat of disease. Isolated paralysis of the third nerve, with simultaneous hemiplegia of the opposite side, may, as Hughlings Jackson long ago pointed out, indicate a lesion of the crus cerebri on the side of the paralysed third. Though a large proportion of the cases of single ocular palsy are due to syphilitic disease of nerve-trunks, whilst a certain number are warnings of locomotor ataxy, or general paralysis of the insane, we meet with others, especially, I think, in old persons, where paralysis of single-nerves occurs without any cause discoverable during life. Probably *post mortem* examination may, in future, clear up some of these.

It is well known that the relative frequency with which the third, fourth, and sixth nerves are paralysed singly is very different, paralysis of the fourth being much the least common. The anatomical relations of the sixth, in its long intracranial course, are supposed to account in great part for its proclivity; but this is a point on which there still seems room for the collection of evidence. The comparative immunity of the fourth may be partly due to its containing fewer fibres than the other two, and being, therefore, proportionately less liable, *cæteris paribus*, to the commencement within itself of spreading disease, such as gummatous inflammation. Isolated paralysis of the superior oblique following injury to the head, is probably often due to fracture of the roof of the orbit, and consequent mechanical interference with the pulley, rather than to damage of the fourth nerve. In my experience, the relative frequency of the single oculo-motor paralysis has been, in seventy-seven cases—third nerve alone thirty-one cases, fourth alone nine, sixth alone thirty-seven.

**Multiple Ocular Paralysis**, when peripheral, is usually unsymmetrical. The seat of disease is presumably always either at and about the cavernous sinus, or about the sphenoidal fissure. There is generally severe localised headache; the paralysis of the third takes all its branches equally, including those to the levator palpebræ, and to the iris and ciliary muscle. The first and second divisions of the fifth nerve seldom escape; but the third

division is often free, and when it is affected there is, in my experience, usually evidence of the disease having reached the zygomatic fossa; the optic nerve also often escapes, but, when affected, there is usually papillitis rather than progressive atrophy. In ophthalmoplegia externa from nuclear disease, the symptoms are bilateral; the levatores palpebrarum are much less affected than the ocular muscles; the fifth nerve seldom suffers; the iris and ciliary muscle often escape, at any rate in the earlier stages; the optic nerves not unfrequently suffer from progressive atrophy. Although symmetrical ocular paralyses are usually either nuclear or cortical, symmetrical syphilitic disease of nerve-trunks accounts for a few of them, and has been proved several times *post mortem*, at least for the third nerve. If, in a case of paralysis of both third nerves alone, the iris and ciliary muscles escape, the course is almost certainly central, the movements of these parts being under the control of centres separate from those which govern the movements of the external ocular muscles.

*Central Paralyses (Paralyses of Associated Ocular movements).*—Our knowledge of these difficult cases is still very incomplete, both from the clinical and the pathological sides; but it is rapidly growing. As in the analogous case of disturbances of vision, we want to be able to distinguish between cases where the lesion is of the basal centres (the "nuclei" of origin) of the ocular nerves, and others where it is cortical (motor centres). In regard to the latter, I believe that, as yet, comparatively little has been proved; though there are some remarkable cases on record in which one or more of the associated movements of the eyes have been lost, with evidence of comparatively mild brain-lesion.\* Cases are known, besides Priestley Smith's remarkable one of lateral deviation, of loss of power to look upwards, loss of power to converge the optic axes, and loss of power to move either eye outwards. How far such comparatively simple paralyses are due to cortical, and how far to nuclear disease, is very much a matter for future investigation; but analogy points to lesion of some part of the cortex.

The cases of ophthalmoplegia externa (Hutchinson, *Transactions of the Royal Medical and Surgical Society*, 1879), in which several movements are gradually lost or in which the eyes have become almost fixed, are probably always nuclear or basal. Thus, though symmetrical, the symptoms are often for a time more advanced in one eye than in the associated muscles of the other; and the motor palsy is sometimes associated with progressive double optic-nerve atrophy, or with paralysis of both fifth nerves—i. e., with paralyses of nerves closely related at their basal nuclei, but presumably not associated in the cortical centres.

One form of single paralysis occurring in certain cases of apoplexy—viz., uncomplicated ptosis—has received considerable attention in France, especially from Landouzy (*Archives Générales de Médecine*). Ferrière thinks it possible that a separate centre for the elevation of the upper lids is situated towards the upper part of the anterior lobe of the cerebrum. We may remark that the levator palpebræ is functionally so distinct from the proper ocular muscles, that we certainly need feel no hesitation in provisionally assigning to it a separate centre. Indeed other facts besides the occurrence of "isolated ptosis" favour this view. Thus, in the typical progressive ophthalmoplegia externa before alluded to, the levatores palpebrarum are far less affected than the other muscles; there is often only slight ptosis, though the globes are sometimes motionless.† Observation may be expected to show that, of the various associated movements of the eyes, some are

\* Priestley Smith, *Ophthalmic Hospital Reports*, vol. viii, 185, and vol. ix, 22 and 428; Gowers, *Transactions of the Ophthalmological Society*, vol. i, 117; Allen Sturge, *ibid.*, vol. ii; Lang and Fitzgerald, *ibid.*, vol. ii.

† See also some remarks by Allen Sturge, *loc. cit.*

lost more commonly than others. I am inclined to think that, hitherto, loss of upward movement has been noticed more often than loss of movement downwards. It will be remembered that upward movement is the most difficult and wearisome of all the ocular movements. I would suggest that attention to the order of recovery of movements or of muscles may be useful. I have for a long time thought (and probably the fact, if it be one, is well known) that, in paralysis of the third nerve, the levator was the first to recover. In central paralysis, that might perhaps be accounted for by the movements of the upper lid being more automatic than those of the eye-ball; but this explanation could hardly apply in cases due to disease of the trunk of the nerve. Some interesting remarks on this subject, the order of recovery in paralysis of nerve-trunks, will be found in a case just published by Dr. Ormerod in *Brain*.

Paralysis of one nerve, often quite incomplete and temporary, but sometimes permanent, is not an uncommon precursor of locomotor ataxy. I would ask whether it is common to meet with complex paralysis under the same circumstances. I had under care, some time ago, an ataxic man (Isaac L.) with incomplete paralysis of the external rectus, superior rectus, and levator palpebræ of the same eye, and dilatation of both pupils; he was under care for many months, and no other oculô-motor symptoms appeared. This combination is nearly the counterpart of the symptoms described by Ferrier as following stimulation of the oculo-motor area in the anterior lobe; but it may with more probability, perhaps, be assigned either to sclerotic change distributed in an unusual manner in the nuclear region, or to peripheral disease of the motor branches similar to the peripheral progressive atrophy of the optic nerve in this disease.

Before concluding, I should like briefly to allude to one other subject upon which observation is needed—*uniocular diplopia* from cerebral disease. Several cases have been recorded in this country and abroad, in which patients with brain-disease averred that they saw double with one eye. The symptom is so unintelligible, that a very natural scepticism has often been expressed on the subject. It is a point which can be settled only by very careful future observation, and especially by looking for the symptom in cases free from complication with ocular paralysis.

In concluding, I wish to express my thanks to my friends Dr. W. A. Fitzgerald and Mr. J. B. Lawford for their assistance in collecting the material for many parts of this paper.—*The British Medical Journal*, Dec. 2, 1882.











